

An investigation of the relationship between childhood sexual abuse  
experiences and psychosocial adjustment in a sample of black South African  
adolescents

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of Arts (Counselling Psychology)  
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## **Declaration**

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the degree of Master of Arts (Psychology) in the Faculty of Humanities, Development and Social Science, University of KwaZulu-Natal, Pietermaritzburg, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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Date

## **Thesis supervisor's approval for submission**

As the candidate's supervisor I have/have not approved this thesis/dissertation for submission.

Signed:

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B.J. Killian (PhD)

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## **Abstract**

Child sexual abuse and its potential negative psychological effects exists the world over. In view of the unique history of South Africa, characterised by inequality and incumbent socio-economic ills, a history of CSA is likely to add to a tapestry of cultural, political, social and economic afflictions for a great number of affected adolescents. Additionally, HIV/AIDS estimates indicate that a growing number of children are infected and orphaned daily. The present research therefore investigated the prevalence of child sexual abuse and explored the relationship between a history of sexual abuse and psychological adjustment, in South African adolescents.

The sample included 330 Grade 9 learners from two high schools in the rural, urban and peri-urban areas of KwaZulu-Natal. A self-report questionnaire was used to collect data related to experiences of abuse. To assess adjustment, the Reynolds Adolescent Adjustment Scale Inventory was also incorporated into the questionnaire.

The current study showed a 57.6% prevalence rate of sexual abuse amongst the sample. There were no statistically significant differences between sexually abused adolescents and those without a history of abuse on the psychological adjustment scale. However, there was a significant association between gender, age at time of abuse, being abused by a step-parent, late disclosure, and interface with the police, in relation to psychological adjustment problems.

## Table of contents

Title Page .....	i
Declaration .....	ii
Acknowledgments .....	iii
Abstract .....	iv
Table of Contents .....	v
Preliminary Comments .....	vi
CHAPTER ONE – INTRODUCTION .....	1
1.1 Child Sexual Abuse in Context.....	1
1.2 Child Sexual Abuse, Poverty, Violence, HIV/AIDS and Adolescents .....	1
1.3 Parameters of the Present Research .....	3
1.4 Overview of the Present Research .....	3
CHAPTER TWO – LITERATURE REVIEW .....	4
2.1 Introduction .....	4

2.2 Definitional Issues .....	5
2.3 Conceptualisation of Child Sexual Abuse .....	7
2.4 Context and Profile of CSA in South Africa .....	9
2.5 Violence against Women and Children .....	10
2.6 Adolescent Perpetrated CSA .....	11
2.7 Incidence and Prevalence Studies of CSA .....	12
2.8 Role of the Media in Child Sexual Abuse .....	14
2.9 Theoretical Orientations .....	15
2.9.1 The Ecological Model .....	16
2.9.2 The Traumagenic Dynamics Model .....	18
2.9.3 The Resilience Model .....	21
2.10 The Effects of CSA – A Conceptual Framework .....	24
2.11 Moderating Factors .....	28
 CHAPTER THREE – RESEARCH DESIGN AND METHODOLOGY .....	 30
3.1 Introduction .....	30
3.2 Research Design .....	30
3.3 Aim of Study .....	31
3.4 Research Questions .....	31

3.5 Ethical Considerations .....	32
3.6 Sampling .....	35
3.7 Measures Used .....	37
3.7.1 Self-rating Questionnaire .....	37
3.7.2 Reynolds Adolescent Adjustment Screening Inventory (RAASI) .....	38
3.8 Procedure .....	40
3.9 Data Analysis .....	40
 CHAPTER FOUR – ANALYSIS OF RESULTS .....	 42
4.1 Introduction .....	42
4.2 Participation Rate .....	42
4.3 Demographics .....	42
4.4 Inferential Statistics .....	45
4.4.1 <i>Prevalence</i> .....	45
4.4.1.1 <i>Association between prevalence and gender</i> .....	45
4.4.1.2 <i>Association between sexual abuse and age</i> .....	46
4.4.1.3 <i>Association between sexual abuse and risk behaviour</i> .....	47
4.4.1.4 <i>Association between sexual abuse and household composition</i> .....	48
4.4.2 <i>Forms and Characteristics of Abuse</i> .....	49

4.4.2.1 <i>Age of survivor</i> .....	50
4.4.2.2 <i>Age of perpetrator</i> .....	50
4.4.2.3 <i>Abuser-abused relationship</i> .....	51
4.4.2.4 <i>Gender of perpetrator</i> .....	51
4.4.2.5 <i>Force and coercion</i> .....	53
4.4.2.6 <i>Duration of abuse</i> .....	53
4.4.2.7 <i>Frequency of abuse</i> .....	53
4.4.2.8 <i>Disclosure</i> .....	55
4.4.3 <i>Help-seeking Behaviour</i> .....	57
4.4.3.1 <i>Access to legal help</i> .....	57
4.4.3.2 <i>Access to counselling services</i> .....	58
4.4.4 <i>Effects of Sexual Abuse</i> .....	60
4.4.4.1 <i>Association between sexual abuse variable and psychological problems</i> .....	61
4.4.4.2 <i>Relationship between gender of survivor and psychological adjustment problems</i> .....	62
4.4.4.3 <i>Relationship between forms of sexual abuse and psychological adjustment problems</i> .....	64
4.4.4.4 <i>Association between different forms of abuse and psychological adjustment</i> ...	69
4.4.4.5 <i>Relationship between characteristics of sexual abuse and psychological adjustment</i> .....	75



4.4.4.5.1 Association between age at time of abuse and psychological adjustment .....	75
4.4.4.5.2 Association between age of perpetrator and psychological adjustment .....	75
4.4.4.5.3 Association between survivor-perpetrator relationship and psychological adjustment .....	76
4.4.4.5.4 Association between gender of perpetrator and psychological adjustment ...	77
4.4.4.5.5 Association between use of threat, force or violence and psychological adjustment .....	78
4.4.4.5.6 Association between frequency of abuse and psychological adjustment .....	78
4.4.4.5.7 Association between disclosure and psychological adjustment .....	79
4.5 Summary of Results .....	82
 CHAPTER FIVE – DISCUSSION .....	 84
5.1 Introduction .....	84
5.2 Demographics .....	84
5.3 Inferential Statistics .....	85
5.3.1 Prevalence .....	86
5.3.1.1 Association between prevalence and gender .....	88
5.3.1.2 Association between sexual abuse and age .....	89
5.3.1.3 Association between sexual abuse and risk behaviour .....	90
5.3.1.4 Association between sexual abuse and household composition .....	90

5.3.2 <i>Forms and Characteristics of Abuse</i> .....	91
5.3.2.1 <i>Age of survivor</i> .....	91
5.3.2.2 <i>Age of perpetrator</i> .....	92
5.3.2.3 <i>Abuser-abused relationship</i> .....	93
5.3.2.4 <i>Gender of perpetrators</i> .....	94
5.3.2.5 <i>Force and coercion</i> .....	95
5.3.2.6 <i>Duration and frequency</i> .....	96
5.3.2.7 <i>Disclosure</i> .....	96
5.3.3 <i>Help-seeking Behaviours</i> .....	96
5.3.3.1 <i>Access to legal help</i> .....	97
5.3.3.2 <i>Access to counselling services</i> .....	97
5.4 <i>Effects of Sexual Abuse</i> .....	98
5.4.1 <i>Association between Sexual Abuse Variable and Psychological Adjustment Problems</i> .....	99
5.4.2 <i>Relationship between Gender of Survivor and Psychological Adjustment Problems</i> .....	101
5.4.3 <i>Relationship between Forms of Abuse and Psychological Adjustment Problems</i> .....	102
5.4.4 <i>Relationship between Characteristics of Sexual Abuse and Psychological Adjustment</i> .....	102

5.4.4.1 <i>Age at time of abuse and psychological adjustment</i> .....	103
5.4.4.2 <i>Age of perpetrator and psychological adjustment</i> .....	103
5.4.4.3 <i>Survivor-perpetrator relationship and psychological adjustment</i> .....	103
5.4.4.4 <i>Gender of perpetrator and psychological adjustment</i> .....	104
5.4.4.5 <i>Use of threat, force or violence and psychological adjustment</i> .....	104
5.4.4.6 <i>Disclosure and psychological adjustment</i> .....	105
5.4.4.7 <i>Frequency of abuse and psychological adjustment</i> .....	107
5.4.5 <i>Association between Help-seeking Behaviour and Psychological Adjustment</i> ..	106
5.5 Major Findings from the Current Study in relation to the Literature .....	107
5.6 Limitations of the Current Study .....	107
5.7 Suggestions for Further Study .....	108
 CHAPTER SIX – CONCLUSIONS .....	 110
References .....	112
Appendix: A .....	125
Appendix: B .....	136
Appendix: C .....	137
Appendix: D .....	138
Appendix: E .....	139

Appendix: F .....	140
Appendix: G .....	141
Appendix: H .....	142
Appendix: I .....	143
Appendix: J .....	144
Appendix: K .....	145
Appendix: L .....	146

## ***Preliminary Comments***

### **Abbreviations**

CSA	– Child Sexual Abuse
SA	– South Africa
RAASI	– Reynolds Adolescent Adjustment Screening Inventory

### **Terms used**

Survivor is used in the current study to refer to those who have reported an abusive sexual experience.

Perpetrator is used to denote any person who performed an abusive act with a child.

Children: Commensurate with Section 28 (3) of the South African Constitution, 1996, a child refers to any person under the age of 18 years.

# CHAPTER ONE

## INTRODUCTION

### **1.1. Child Sexual Abuse in Context**

Despite the proliferation of international studies on Child Sexual Abuse (CSA) over the past decades, understanding of this problem remains unclear (Finkelhor, 1994). In particular, there is a paucity of knowledge to inform theory and practice in South Africa (Richter & Higson-Smith, 2004), especially with regard to the prevalence and the relationship between Childhood Sexual Abuse Experiences and Psychosocial Adjustment among black South African Adolescents.

While scourges like child sexual abuse and HIV/AIDS affect people across social, economic, racial and ethnic groups, the most affected by its devastation are those already suffering from poverty and with limited access to quality resources like health care, education and economic opportunities (Du Plessis & Conley, 2007). Hence, the general South African history of widespread subjugation of peoples, endemic poverty, and the apartheid system placed large numbers of women and children in this category, and a great number of children will suffer in silence, as child sexual abuse goes undetected, unreported (van Niekerk, 2003) and misunderstood.

### **1.2. Child Sexual Abuse, Poverty, Violence, HIV/AIDS and Adolescents**

The pervasiveness of violence against women and children in South Africa points its origin to societal and cultural systems (Dawes, Richter, & Higson-Smith, 2004). The historic paternalistic societal order as it relates to women's social position of subordination to men has placed women and children at the direct receiving end of violence (Liebling & Shah, 2001, as cited in Guma & Henda, 2004). Under these culturally sanctioned power relations, not only does violence against women and children persist, but young people seem to be conditioned to accepting sexual abuse as an

inevitable part of life (Leach, 2001). As aptly put by Loffel (2000) "... high rates of child sexual abuse are a manifestation of the culture of violence in South Africa" (p.9).

In what can be viewed as an extension of cultural perspectives, particularly in black South African communities, is the absence of open dialogue on sexuality between children and parents resulting in a lack of sex education (Delany, 2005).

Additionally, HIV/AIDS estimates indicate a growing number of children infected and orphaned daily. As a direct result of HIV/AIDS related deaths, there are growing numbers of orphans in South Africa. According to the UNICEF report, 49% of all orphans in South Africa are AIDS orphans (UNICEF, 2007). Furthermore, the report indicates that 50% of orphans are 10–14 years old. Child protection within families and communities in the absence of parents as a result of HIV/AIDS deaths becomes a myth. While debates continue in terms of the direction of the causal relationship, there is enough evidence indicating a clear relationship between HIV/AIDS and poverty (Du Plessis & Conley, 2007). It is estimated that 66% of South African children are currently living in severe poverty (Ibid). These children, who are likely to grow up without parental guidance and protection, therefore, are more susceptible to various forms of sexual exploitation and different types of high risk behaviour (Jewkes, 2004; Kuate-Defo, 2004; Higson-Smith & Richter, 2004).

Most research on child sexual abuse has focused on effects in adulthood, despite wide acknowledgement of the adolescent period as a stage of multiple changes and challenges for young people (Bray, 2003). In view of South Africa's unique history, characterised by inequality and incumbent socio-economic ills, a history of CSA is likely to add to a tapestry of cultural, political, social and economic afflictions for a great number of affected adolescents.

The present research focuses on the South African adolescents' experiences, with the intention to influence future prevention, identification, and intervention strategies,

commensurate with their set of pre-existing and current social, economic and cultural hardships.

### **1.3. Parameters of the Present Research**

Although child sexual abuse as a phenomenon has been researched for decades and therefore supported by a large body of knowledge, the current study is concerned with CSA experienced by a specific population of adolescents i.e. adolescents from black South African backgrounds, against the backdrop of historical and current co-existing economic, social and cultural challenges that continue to not only expose young people to sexual abuse, but which also limit the effectiveness of prevention and intervention strategies for many CSA survivors. The present study is particularly interested in surveying school-going black adolescents within the ages 13–19 years for the existence of CSA history, investigating the nature of their CSA experiences and ascertaining their current psychological adjustment in comparison to non-abused adolescents with similar demographics.

### **1.4. Overview of the Present Research**

This thesis will begin with an outline of the relevant literature pertaining to the position of child sexual abuse particularly within the South African context. Definitional issues and the impact of CSA on children will then be analysed in relation to previous literature and research (Chapter Two). Subsequently, issues of research design and methodology, including ethical considerations pertaining to research with children will be discussed in Chapter Three. The results of the current study will be presented in Chapter Four. Chapter Five will address the discussion of the results, the limitations of the study as well as the implications for future research. Finally, conclusions drawn will be covered in Chapter Six.



## CHAPTER TWO

### LITERATURE REVIEW

#### **2.1. Introduction**

Child Sexual Abuse (CSA) has plagued both developed and developing countries for centuries. While there is evidently a proliferation of research spanning more than four decades on the phenomenon, gaps still exist in our knowledge and understanding of CSA. The bulk of current studies on prevalence and impact of CSA tends to focus on adult survivors of CSA for whom the abuse had taken place many years ago (Collings, 1994; Levett, 1989; Moeller, Bachman & Moeller, 1993; Oates, 1989; Parker & Parker, 1991; Russell, 1983; Wyatt & Newcomb, 1990). Moreover, the dominance of Western studies in the available literature may create a misconception that South Africa somehow enjoys exemption from the scourge of child molestation, despite frequent and obnoxious headlines in the media, about child rape and general violence towards women and children. Finally, there is a paucity of studies focusing on adolescent survivors of CSA. Of primary concern is the lack of well-informed and structured interventions that focus on adolescent survivors of CSA and the potential debilitating impact of abuse, which may manifest in adolescents carrying a myriad of psychological scars into adulthood.

The following review will broadly discuss definitional issues and current international and national research on the prevalence, understanding, manifestations and effects of CSA as well as risks for CSA, supporting the need for more research with particular focus on adolescent survivors.

## **2.2. Definitional Issues**

Most researchers in the CSA field seem to fully appreciate the importance of definitional issues in gaining a full understanding of the phenomenon. The way in which child sexual abuse is defined affects incidence as well as prevalence rates and differs across cultural contexts. Differences in definitional issues have major implications for incidence and prevalence figures as well as on the understanding of the problem and necessary intervention strategies (Townsend & Dawes, 2004 as cited in Richter & Higson-Smith, 2004; Levett, 2004; Painter, 1986). Collings (1995) indicates that high prevalence rates in South African studies of CSA, when compared to similar studies done in America, can be attributed partly to definitional issues. Likewise, Levett (2004) ascribes the lack of a generally accepted definition across all professions in the field of CSA to the absence of universal meanings for the various concepts.

In numerous attempts to define CSA, it seems that researchers concentrate on a particular aspect of this phenomenon. For example, age of victim and perpetrator, contact or non-contact sexual acts, or the type of relationship (Oates, 1989; Peters, Wyatt, & Finkelhor, 1986). Dawes, Richter and Higson-Smith (2004) draw attention to culture in defining child sexual abuse, especially when attaching specific importance to the meaning of the acts involved. Culture dictates appropriate behaviour towards children, and this, among other things, can be used as the basis to differentiate sexual acts from non-sexual acts. Richter and Higson-Smith (2004) suggest that exclusion of non-contact forms of sexual abuse when defining child sexual abuse may leave many children in the vulnerable position of enduring years of grooming for later, and more extreme forms of, sexual abuse at the hands of canny perpetrators who employ these methods as part of courting the child.

Absent from most definitions of CSA is the child's perception of what constitutes an abusive sexual experience. The child's voice forms an important part in understanding and defining CSA (Bagley & Thurston, 1996). Adolescents, in one study, cited emotional hurt as one criterion for an abusive sexual experience. However, Martinson (1973, as cited in Richter & Higson-Smith, 2004) suggests that pre-school children in one

study, reported having consented to and deriving pleasure from sexual experiences with adolescents. This begs the question of linking children's ability to consent to their capacity to understand consequences and implications of their reactions and responses.

Inconsistencies in research findings seem to have resulted in a unanimous call for a systematic process towards a more concise definition of child sexual abuse. However, a large contingency of researchers appears to be opting for a broad definition including both contact and non-contact sexual acts (Collings, 1994; Finkelhor, 1984; Fromuth, 1986; Peters, 1988; Salter, 1988; Wyatt, 1985). In pointing out the shortcomings in the use of a broad definition of child sexual abuse, Haugaard (2000) maintains that although broad definitions can achieve specific goals, there could be disagreeable consequences when they are applied without variation across the board, that is in research, clinical, forensic and advocacy work with victims and perpetrators.

Kempe (1978) defines child sexual abuse as: "The involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, to which they are unable to give informed consent or that violates activities that they do not fully comprehend and to which they are unable to give informed consent, or that violate the social taboos of family roles" (p.105).

Salter (1988) defines sexual abuse as: "Sexual activity between a child or adolescent with an adult or another child five years or older than the child" (p.10). Sexual acts included in this definition are exhibitionism, voyeurism, fondling, oral genital sex, attempted intercourse, intercourse (involving or not involving penetration), child pornography, exposure of children to pornographic material, and forced sexual acts with each other or with animals.

For the purposes of this research the following definition is used:

*Child sexual abuse is any sexual interaction including all forms of intercourse, attempted intercourse, genital contact, kissing, touching of breasts, exposure to and participation in pornography between a child and another child without consent, or*

*between a child and an adult with or without the child's consent, and where there was force, coercion or threat, for sexual gratification or benefit of the abuser, which can potentially have negative short or long-term impact on the child*  
(Adapted from Collings, 1994).

### **2.3. Conceptualisations of Child Sexual Abuse**

The child sexual abuse phenomenon does not only transcend international boundaries but historical eras as well. However, the current bulk of research and literature on CSA originates from the West and therefore postulates Eurocentric assumptions and understandings (Levett, 1994).

Kahr (1991, as cited in Richter & Higson-Smith, 2004) maintains that sexual abuse existed during the ancient Greek and Roman times as well as during the Victorian era. The feminist movement is prominent amongst other original proponents for better understanding of child sexual abuse, for its contributions to the existing significant research in the West (Levett, 1994). The Feminist and the Recovered Memory movements dominated the sexual abuse debate in the period between 1960 and 1990. The “Recovered Memory” concept of the 1980s is noted for the dramatic increase of childhood sexual abuse claims by adult women. Proponents of this movement linked these claims to patriarchal families and hence to incestuous sexual abuse (Satter, 2003). This movement is also noted for its contribution in forcing the legal and psychiatric leadership to seriously consider sexual assault cases (Ibid).

Early conceptualisations of CSA unveiled the phenomenon as mostly a “family affair” in Kempe’s (1978) watershed address on CSA to the paediatric fraternity. In this era, CSA appears to have been confined behind doors, within families. Disclosures, mainly by adolescents, were treated as fantasies by health care professionals (Ibid). The child was often blamed for incestuous liaisons with the father, indicating grave assumptions of consent on the child’s part. Furthermore, Kempe (1978) uncovered paedophilia (described as involving fondling or exhibitionism) and rape as mainly perpetrated by strangers. Although no empirical or clinical studies were conducted, Kempe (1978),

suggested that negative effects of CSA (nightmares, clinging behaviour, hostility directed at mothers, anxiety, fear, sleeping disturbances, eating and academic problems) were evident in survivors. Thus it seems that historically there has been some debate about whether the phenomenon occurs mainly within families or is an act perpetrated by a stranger.

Earlier understanding of sexual abuse pointed to strangers as perpetrators of child sexual abuse. This led to interventions that focused on education and empowering children to protect themselves against “stranger danger” and other forms of abuse. According to Levett (1994) early understandings of child sexual abuse as perpetrated by strangers obscured the sinister truth that sexual abuse occurs mainly with people familiar to the child. While this may be the case in western countries there appears to be insufficient research to base such claims in the South African context. Furthermore, available research on child sexual abuse in South Africa is noteworthy for its lack of generalisability across all racial groups.

Literature on CSA is characterised by a profusion of discussions and debates on the complexity and diversity of points of view on the subject. For example, Richter and Higson-Smith (2004) explain that: “child sexual abuse varies by features of the event, the experience of the child, the duration of the abuse, the age of the child, the circumstances under which the abuse takes place, and the effects of the abuse on the child and the family” (p.21).

On the other hand, Dawes *et al.* (2004) take a bold step towards understanding child sexual abuse by drawing attention to contemporary notions of sexuality in children as well as that of objectification and specification of children and the role played by these factors in the maltreatment of children. In objectification the abuser uses the child to satisfy sexual urges simply because the child is accessible and vulnerable. Conversely, specification refers to targeting the child for sexual abuse based on specific features and situations pertaining to the child.

On the other hand, numerous researchers advocate for the inclusion of contextual factors for a better understanding of child sexual abuse. According to Jones and Ramchandani (1999), factoring in contextual factors in understanding CSA would facilitate a holistic approach to dealing with children in distress, which in turn would mitigate effects, thus giving a child an opportunity to have a reasonably well-adjusted life.

## **2.4. Context and Profile of CSA in South Africa**

Contextual factors include macro (for example, policies on economic and health issues) and micro level factors in the social ecology of the child's life. The two pertinent macro factors in the South African context centre on economic and health issues.

In terms of micro level factors, Bagley and Mallick (2000) suggest that exposure of children to non-biological partners of mothers, and being separated from a parent, are high risk factors for children.

The failure of Structural Adjustment Programmes to bring about economic growth in developing countries resulted in weak economies, which saw an influx of cheap imported products ruining rural agricultural economies (Schoepf, 2004). This also contributed to labour migration, with men leaving behind their spouses and families and travelling long distances to find work in, for example, the mines, other white-owned industries or working on jobs that necessitated excessive travelling like truck driving and military work (Irwin, Millen, & Fallows 2003). Separation from their spouses and families became a catalyst for some men to seek intimacy and solace in extra-marital relationships. Consequently, most women and children were left to fend for themselves. Levett (1994), in support, states "...the disruption and dislocation of everyday life in consequence of apartheid labour and social practices has *something* to do with sexual abuse in contemporary South Africa" (p.248).

In support Guma and Henda (2004) also state: "The migrant labour system has played its own devastating role in distorting intimate relationships, separating families and creating single-sex compounds in the urban and mining areas" (p.105). Furthermore, it can be

argued that poverty has had a direct impact on the incidence of child sexual abuse in view of the proliferation of child-headed families. While debates continue in terms of the direction of the causal relationship, there is enough evidence indicating a clear relationship between HIV/AIDS and poverty (Du Plessis & Conley, 2007).

The second macro factor is HIV/AIDS. Statistics on AIDS orphans in South Africa are alarming. Although there are social welfare programmes to cater for this group of people in the country, studies abound on adversities faced by children affected and infected by HIV/AIDS. As more and more adults succumb to the debilitating effects of HIV/AIDS, children are left to fend for themselves. The number of child-headed households is increasing (Delaney, 2005). Lack of economic resources due to death of parents predisposes children to sexual exploitation (Ibid). Furthermore, orphaned children are often taken in by extended family members, who themselves are often struggling financially. Children are absorbed into extended families without concomitant resources (financial, emotional and social) to cater for their needs, potentially exposing children to abuse and neglect. According to Jones and Ramchandani (1999) research indicates that children from dysfunctional families are more likely to abuse others. Additionally, sexually abusing families were found to be characterised by dysfunctional adult relationships, parental neglect and unavailability, and an inability to encourage independence (Bentovim, 1992; Furniss, 1991; Maddona, Van Scoyk, & Jones, 1991 cited in Jones & Ramchandani, 1999).

## **2.5. Violence against Women and Children**

Notwithstanding the existence of section 28 in the South African Constitution, designed to protect children from maltreatment, neglect, abuse or degradation, and the right to bodily and psychological integrity, freedom and security for every person, violence against women and children seems to continue unabated and remains increasingly a matter of public concern in South Africa. According to the Human Rights Watch (HRW) (2007) report, for the period April 2005 and March 2006, 54 926 rapes and attempted rapes and 9 805 indecent assaults were reported to the South African Police Services (SAPS). The recent crime statistics released by South African Police Services, for the

period 2008–2009, reported 71 500 sexual crimes committed in South Africa (SAPS, 2009). Unfortunately, this report does not indicate the different types of sexual crimes committed, for example, rapes or attempted rapes. Under-reporting of sexual violence is endemic in South Africa (HRW, 2007; Kriel, 2001; van Niekerk, 2003), suggesting that reported figures may be a huge under-estimation of the problem. Furthermore, the South Africa Law Commission reported that only 5% of adult rape cases and 9% of cases involving children end in conviction (HRW, 2007). More disconcerting is the inadequate response to rape and other forms of gender-based violence from police officials (Ibid). Additionally, there have been reports of many complaints that never reach the courts for prosecution (Kriel, 2001).

However, there has been evidence of the SA Government's attempts to address these shortcomings. For example, the establishment of 52 sexual offences courts to adjudicate and focus specifically on cases related to gender violence by the end of 2004 (HRW, 2006). Additionally, the amendment of the Sexual Offences Bill to broaden the definition of rape and shift focus from the victim to the perpetrator, continuous training of police and the court officials in handling cases of violence against women and children, the establishment of 52 specialised sexual offences courts throughout the country (these are reported to have had relative success in improving conviction rates) and the establishment of Thuthuzela Care Centres (where survivors of rape are able to report the crime and access specialist investigators) (HRW, 2008).

## **2.6. Adolescent Perpetrated CSA**

Adolescent and child perpetrated sexual abuse has become a pervasive problem, nationally and internationally (van Niekerk, 2003). Denial of this problem by society at large potentially places more children not only at risk of being sexually abused but of gravitating towards more deviant sexual behaviour. Additionally, lack of appropriate consideration of the reported child-on-child abuse cases by the police continues to minimise the problem and maintains myths, hence perpetuating the problem. For example, the HRW (2001, as cited in Kriel, 2001) states that South African studies have



found that numerous adolescents believed that women were responsible for rape and that girls asked to be raped, and that gang rape was viewed by many as a form of play.

Literature suggests that the youngest perpetrator reported was 4 years old (Johnson, 1988, as cited in Kriel, 2001). According to Bagley and Thurston (1996), most sexual abuse of children and adolescents reported in the 500 studies they reviewed, conducted within the United States of America, was perpetrated by teenagers. These studies indicate that most adolescent perpetrators are “outside of mainstream teenage life and are often generally delinquent” (p.66). Likewise, the HRW (2001) reported a significant increase in the number of children arrested by the SAPS for sexual crimes in South Africa.

Age inappropriate sexual behaviour in children has often been downplayed as experimentation, partly in denial of the fact that children are capable of sexual crimes (Kriel, 2001). Society has generally found it difficult to acknowledge sexual abuse, more so, abuse perpetrated by children (Mason, 1995, as cited in Kriel, 2001). This may be maintained by myths such as sexual activity between children being viewed as innocent child exploration and normal curiosity. However, findings by Becker *et al.* (1986, as cited in Kriel, 2001) dispute this. They found that approximately 86% of adolescent sex offenders were sexually active prior to the offence. It is suggested that child-on-child sexual abuse may be an extension to young men, of the norm and expectation existing in heterosexual relationships, of the exploitation of women and girls (through socialisation). It has been argued that “sexual abuse and exploitation of women and girls has been a means to control female sexuality” in patriarchal societies (Kriel, 2001, p.25).

## **2.7. Incidence and Prevalence Studies of CSA**

Although the past two decades have been characterised by a growing body of knowledge on CSA within South Africa, more indigenous, local knowledge based on local research is needed. Lalor (2005) suggests that the first study conducted in South Africa was in Cape Town in 1984, constituting a clinical sample of 18 children between the ages two and 12. The majority (80%) of the children were females.

Collings (1997) found that South African prevalence rates among university women were considerably higher than those of their American counterparts even after controlling for differences in definitional and methodological issues, indicating there are other factors responsible for variation of prevalence rates.

Finkelhor (1994, as cited in Luster & Small, 1997) placed the prevalence rates for sexual abuse in childhood and adolescence at 20% for females and between 5% and 10% for males in America. In a study of South African university students, Levett (1989) reported a prevalence rate of 30% for contact and 43.6% for non-contact forms of sexual abuse. Collings (1995) reports a prevalence rate of 34.8% for contact forms of child sexual abuse in a South African population of university students

Most studies have focused on adult survivors of child sexual abuse (Luster & Small, 1997; Runtz & Briere, 1986). The few studies that have focused on adolescents have drawn samples from college and university populations. This may result in extreme forms of maladjustment not being identified, the kind that render adolescents dysfunctional, drop-outs and juvenile delinquents. According to Briere and Runtz (1988), college and university populations may represent better adjusted groups of adolescents who are possibly more resilient and come from better resourced backgrounds. Furthermore Collings (1997) notes the under-representation of black women in current studies of child sexual abuse among university women in South Africa.

The use of clinical samples, although shedding light on the prevalence studies, obscures the fuller picture of “normal” populations largely not included in current studies. Therefore, these studies cannot be said to be representative (Finkelhor & Browne, 1986). Thus, many researchers call for more studies drawing from community and high schools reflecting more realistic prevalence rates. It seems obvious that there is a need for more prevalence studies particularly those focusing on adolescent survivors of CSA, to inform intervention strategies and policies, towards effectively serving our children with sexual abuse histories.

## **2.8. Role of the Media in Child Sexual Abuse**

The literature acknowledges the media as one of the important role players in identifying, exposing and monitoring child sexual abuse. However, the media has been accused of disseminating messages and images that reflect risky and irresponsible sexual behaviour (McWhirter, McWhirter, McWhirter and McWhirter, 2007), disempowering perceptions of children as victims (Delaney, 2005), and perpetuating sex role stereotypes (Moore & Rosenthal, 1993).

McWhirter *et al.* (2007) note the media's contribution in perpetuating premature, risky and irresponsible sexual behaviour among young people. Similarly, Becker and Stein (1991, as cited in Bourke & Donohue, 1996) state that 89% of young sexual offenders admitted to having easy access to sexually explicit literature such as pornographic magazines.

In South Africa, researchers, practitioners and civil society have been calling for holistic media coverage of CSA that is non-sensational and respectful of children (Delaney, 2005). It is believed that the media can influence societal beliefs pertaining to children and child sexual abuse (Save the Children, 2003; Delaney, 2005). While there has been an increase in the coverage of child abuse and related issues in South Africa in the last two decades (Bird & Spurr, 2004; Townsend & Dawes, 2004), media representation of CSA issues has been widely criticised.

Of primary concern to groups advocating for appropriate media coverage of CSA has been the lack of detailed analysis and engagement with issues related to the phenomenon in the covered cases. The media has been noted to focus on facts and sensational aspects of sexual abuse cases (Bird & Spurr, 2004). Furthermore, the media has been associated with indirectly contributing to perpetuating social myths. For example, the linking of child rapes to the "virgin cleansing myth" received high coverage in South Africa at a time when there was a focus on the increase of sexual abuse of young children (Ibid.).

Organisations advocating for children's rights have criticised the media for only reporting on facts and not the critical underlying issues of child sexual abuse (Bird & Spurr, 2004). As such: "The media can play a decisive role in exposing sexual abuse and exploitation of children and in shaping public opinion against such violations" (Save the Children, 2003). Furthermore, the education on issues around child sexual abuse, for example children's rights, gender inequality, poverty and violence, can be debated in the media to promote awareness and understanding.

## **2.9. Theoretical Orientations**

The literature presents various models that have been proposed over the decades to account for child sexual abuse etiology. To date, researchers have proffered several alternative models in this regard. For example, the psychoanalytic view of CSA started with emphasis on the intrapsychic factors relating to the child; however, it totally excluded other factors such as perpetrator-characteristics. Then, the family systems model with its focus on the familial patterns of communication and psychological dynamics (Finkelhor, 1986) includes both the victim and perpetrator but focuses specifically on father-daughter incest and is therefore limited in terms of understanding the broadness of CSA. For example, it fails to explain extra-familial sexual abuse. The four-preconditions-of-sexual-abuse model is noted for shifting the responsibility from the un-protective mother and helpless child victim towards placing it directly on the perpetrator (Finkelhor, 1984). Whilst this model tries to integrate knowledge about the perpetrator, survivor and families, it places emphasis on the perpetrator. Additionally, this model fails to consider the socio-cultural context of sexual abuse. Child sexual abuse occurs within, and is therefore affected by, social and cultural environments. Therefore, contextual factors are vital for a comprehensive understanding of CSA.

This highlights the need for a conceptual framework that promises an analysis covering the broad spectrum of CSA (etiology, effects, individual, family and broader socio-cultural factors). In this review, three theoretical frameworks will be discussed with particular reference to etiology, effects, developmental stages, moderating factors and resilience.

### **2.9.1. The Ecological Model**

In this regard, the ecological model of childhood development seems an appropriate framework for explaining not only the etiology of CSA (Belsky, 1980), but also the contextual factors that increase the risk of sexual abuse of a child and those that determine future psychological adjustment.

The ecological model highlights the criticality of contextual factors in determining the developmental experiences, and, according to Belsky (1980), the model provides an ideal approach to integrate information on child abuse. Bronfenbrenner (1997) is credited for the development of the ecological model and recognition of the multifaceted nature of childhood development (Belsky, 1980). Super and Harkness (1986) state that the ecological model developed as a response to the inadequacy of the experimental model that attempted to study human development in laboratory settings.

Integral to the ecological model is the notion that the environment and its conditions have a direct influence on individual development (Killian, 2004). The model encompasses the interaction between individual, family and socio-cultural forces that are continuously altering (Belsky, 1980; Killian, 2004). As such, the environment is divided into systems (macro-, exo-, meso- and micro-), which are co-dependent on, and perpetually co-influence, each other and the individual in the process of development (Killian, 2004; McWhirter *et al.*, 2007; Super & Harkness, 1986). However, the ecological model fails to account for the individual characteristics of the offender. To this end, Townsend & Dawes (2004) propose combining perpetrator characteristics as individual factors within the ecological model towards understanding sexual offending behaviour. A discussion of the ecological systems (individual, micro-, exo- and macro-) most pertinent to CSA will aim to describe the fit between these and the etiology of CSA.

The basic premises of the ecological model are that the relationship between the individual and the environment are bi-directional; characterised by continuous interaction. Hence both have an evolving nature, co-influencing each other; and have a direct and/or indirect impact on development and future adjustment (Killian, 2004;

McWhirter *et al.*, 2007). The major systems of the ecological model mainly constitute contextual factors (family, community, culture, policy, ideology), individual factors (for example biological, personality, intellectual support systems) and process factors relating to the nature of interactions with others (whether empowering, enriching, hierarchical or embracing) which interrelate in playing a significant role in childhood development (Killian, 2004). Townsend and Dawes (2004) suggest that the individual offender characteristics (poor control, low self-esteem, lack of empathy for victims and/or sexual dysfunctions) are interwoven with macrosystemic factors, and, as such can be better understood within the socio-cultural and economic systems.

The child's immediate environment consists of primarily the interactions between child and family (Belsky, 1980; Killian, 2004). As an individual grows up, other relationships, for example with teachers, staff and other children at school and in the community also become important (Killian, 2004; McWhirter *et al.*, 2007). It is noted that these interactions, occurring over a period of time, are powerful in influencing individual development and adjustment (Ibid). A consistent relationship between the microsystems is believed to have a direct influence on the child's adjustment (McWhirter *et al.*, 2007).

The exosystemic influences, according to Belsky (1980), are often an effect of interactions occurring within the macrosystem. Killian (2004) points out that while children do not primarily operate within the exosystem, they are fully impacted upon by dynamics in this system. Some of the examples are; single parent homes as a consequence of structural adjustment programmes which forces men to migrate to distant areas in search of work, leaving families behind and the subsequent poverty; and secondly, the sickness and early death of HIV-positive parents due to lack of access to anti-retroviral treatment as a result of health care policies, which has a direct effect on children.

The multifaceted nature of the etiology of CSA exists beyond the individual, the family, and even the community in which it is inextricably woven (Belsky, 1980). The ecological model of development links the personal, interpersonal and socio-cultural

factors and processes (Ibid). The macrosystem constitutes the socio-cultural blueprint of the society (Bronfenbrenner, 1997, as cited in McWhirter *et al.*, 2007). For example, the cultural values, belief systems, societal structures, gender role socialisations (Ibid) and society's attitudes toward violence (Belsky, 1980), influence childhood development.

According to Townsend and Dawes (2004), the feminist perspective also attributes the etiology of CSA to this level of influence. The feminist stance stresses the role of patriarchal ideology in perpetuating unequal gender powers, with subsequent misuse of power in terms of abuse of women and children (Ibid). Furthermore, they maintain that gender socialisation and child rearing practices in patriarchal societies entrench values of "blind" trust of parents, elders and people of authority in children (Ibid). Consequently, young women are socialised into submission and control by males, whilst males are socialised into intimidating and controlling women. The feminist approach, however, has received criticism for its shortcomings in explaining female perpetrated child abuse.

### **2.9.2. The Traumagenic Dynamics Model**

Finkelhor and Browne (1985) offer a conceptual model towards understanding the impacts of CSA. They assert that trauma dynamics occur within a child's mind and affective state as a result of abuse. The trauma interferes with a victim's cognitive and psychological worldview, resulting in a deformed self-concept. The model is four pronged and sets the stage for a systematic understanding of the impacts on the psychological and behavioural functioning of CSA survivors. Although the model is presented as four distinct dynamics, it actually proffers integrated and interrelated categories through which to sort our understanding of the negative impacts of CSA. Discussion of the four traumagenic dynamics follows.

#### ***Traumatic Sexualisation***

Exposure and participation in developmentally inappropriate sexual activity through sexual abuse marks the cornerstone of traumatic sexualisation for a child (Finkelhor & Browne, 1985). The perpetrator employs ingratiating actions towards the child in the course of sexual abuse (Ibid). These may involve not only developmentally inappropriate

behaviours but also reinforcements in the form of rewards, affectionate attention, and privileges for engagement in sexual activities with the perpetrator. For the child, inescapable conditioning of this dysfunctional interpersonal exchange results in sexual traumatisation as these reinforce in the child's developing psyche unhealthy relational behaviours. These behaviours in turn may become part of the child's repertoire, extending to responses in developmentally appropriate interactions (Ibid).

The child's concept of sexual behaviour, steeped in sexual abuse experiences, may also include use of force and involve fear, tainting future sexual activities (Ibid). These may manifest differently. For example, Burton (2008) suggests that sexually abusive youths in his study, learnt to be sexually abusive from being molested as children. They may have believed that "close relationships with others are required to feel comfortable and socially confident" (p.111). Twenty-seven percent of 4–6 year old children in the Tufts (1984, as cited in Browne & Finkelhor, 1986) study, received significantly high scores on a sexual behaviour scale (including sexual relations, excessive sexual curiosity and open masturbation) indicative of sexualised traumatisation.

### ***Betrayal***

The betrayal traumagenic centres on issues of trust within relationships and is therefore more likely to occur if the perpetrator is a trusted person (Finkelhor & Browne, 1985). Betrayal occurs with awareness that a trusting relationship has been falsified; that someone they trusted and who is closely connected to them has caused them harm (Ibid). Herewith, betrayal could be related to the child's realisation that contrary to what the offender expressed about the acceptability of the sexual activity, they had been manipulated, hurt and misled.

The sense of betrayal may also be magnified by the child's belief in the appropriateness of the sexual activities. A total conviction that the liaison was normal and acceptable may result in a strong sense of betrayal. Additionally, a trusting relationship with non-abusing members of the family, who could have played a protective role but did not, could add to the betrayal traumagenic. Hence, betrayal dynamics extend to issues around



disclosure. Being disbelieved, blamed or ostracised by trusted people as well as the perceived unfavourable attitudinal changes towards the survivor as a result of disclosure, may exacerbate trauma (Ibid).

### ***Powerlessness***

A child as an unwilling/uninformed participant in the sexual abuse experience is rendered powerless as attempts and wishes to stop the abuse prove fruitless. Finkelhor and Browne (1985) describe powerlessness as a consequence of continuous disempowering violation of the child's will and sense of efficacy. This disempowerment begins with the invasion of a child's body space without consent. The use of coercive means to gain the child's complicity adds to the sense of powerlessness. This is made worse when there is use of threats of serious harm by somebody with power over the child. Furthermore, futility of attempts to stop the abuse together with the fear of failing to communicate the abuse to adults, or of disbelief when the child discloses, reinforces the sense of disempowerment for the child. Being a child and being disempowered due to dependence on either the perpetrator or the family multiplies the powerlessness dynamics (Ibid).

### ***Stigmatisation***

The stigmatisation dynamic concerns the child's internalisation of a sense of guilt, shame, secrecy and badness associated with the abuse (Finkelhor & Browne, 1985). Most of the projections of these feelings come from the abuser, who would use tactics of blaming the child for the occurrence of the abuse. Deblinger and Runyon (2005) suggest that perpetrators use these tactics as a means of psychological control over the child. According to Finkelhor and Browne (2005) the child would tend to associate the need (from the perpetrator) to keep the abuse secret, to a sense of shame, guilt and badness. The perpetrator would often maintain these feelings by making the child believe he/she would be viewed negatively if the sexual encounters were known to others. Hence, the child's sense of shame may grow over time, protected by the secrecy of the abuse.

Additionally, the child's perceptions of sexual activity, formed through indirect socialisation, may account for increased stigmatisation trauma. This would be the case with children who are old enough to understand the social meanings attached to the activity of the abuse (Ibid). Strong reinforcement for stigmatisation emanates from disclosure responses, particularly if these involve shock, blame, hysteria and name-calling from others (Ibid). Deblinger and Runyon (2005) point out that the deceitful indoctrination of blame by the abuser can be so powerful that a child would interpret all utterances and actions from other people as disbelief, magnifying the stigma. For example, children may misinterpret a parent's anger at the incident or perpetrator as directed at them (Ibid). Herman (1997), adds that, any sense of pleasure that an abused child may derive from the abuse can serve to confirm his/her responsibility for the abuse, hence the self-blame.

### **2.9.3. The Resilience Model**

Theories of resilience have been used to understand what makes some children who have experienced psychosocial problems overcome adversity and show positive outcomes, while others succumb and develop maladjusted behaviours. Masten (2001, as cited in Killian, 2004) indicate that 50% to 66% of children facing multiple psychosocial risks have shown resilience. However, studies suggest that the resilience factor is not a stable and proportionate variable across individuals and situations. Rather, resilience is determined by prior experiences and interaction between individual and contextual risk factors (Killian, 2004; McWhirter *et al.*, 2007). Children develop strengths and weakness as they interact with their environment. In light of extensive evidence indicating that some CSA survivors do not exhibit negative impacts, the resilience factor may be relevant to the understanding of adjustment and maladjustment in sexually abused children.

McWhirter *et al.* (2007) define resiliency as “the capacity to adapt and function successfully, despite experiencing chronic stress and adversity” (p.109). Killian (2004) states that there are four fundamental principles to understanding the mechanisms of resilience-enhancing or protective processes in children. Firstly, the child is not helpless

but is an active participant in the decision-making process concerning his/her adversity. How the child perceives the problem, determines his/her emotional reaction and therefore also determines subsequent impact on him/her (ibid).

Secondly, similar to risk factors, protective processes are built over time and with experience. In other words, successful negotiation of difficult circumstances and subsequent adaptation in other areas of life builds skills, allowing the child to adapt in future adverse conditions. However, Gabriano (1994, as cited in McWhirter *et al.*, 2007) suggests all children have a “tipping point” in terms of susceptibility to adverse effects; therefore, studying these points should be of greater concern to researchers.

There are critical protective components that are a prerequisite to building resilience in children. These include secure attachments, availability of good role models and access to support (Masten, 2000, as cited in Killian, 2004). Literature has shown that the absence of these protective components in some adolescents serves as input to deviant behaviour in adolescents. For example, adolescent sexual abuse perpetrators are likely to come from dysfunctional families, characterised by different forms of abuse, including sexual abuse (Bagley & Thurston, 1996). In many European and North American cities, these children have been found to be easily recruited into sex rings, where they gain a sense of belonging to a “family”, in turn becoming recruiters for sex ring leaders, thus bringing more children into the web of sexual abuse (Ibid).

Lastly, parallel to cognitive, emotional and social maturity there may be an increase in the functioning of other protective processes in children (Aber, Gephart, Brooks-Gunn & Connell, 1997, as cited in Killian, 2004).

The concept of resilience has evolved over time. The initial conceptions of resilience viewed it as only the absence of risk factors (Killian, 2004). For example, absence of positive role models equates to a risk factor and having positive role models contributes to resilience. Whilst this may be true in some cases, this notion was found to be lacking (Ibid). Subsequently, the universal strengths model was developed. According to Killian

(2004), this model maintains that humankind is naturally equipped to cope with adversity, provided they are in supportive and nurturing contexts. The universal strengths model is commended for its focus on competencies and capacities. Additionally, since it acknowledges the fact that individuals operate within families and larger social environments (Ibid), this model added weight to the understanding of the resiliency concept. However, it is criticised for not explaining the variability of resiliency between different children (Ibid). This paved way for the introduction of the protective processes or capacities model.

The protective processes model maintains that certain children, families and communities are endowed with attributes (capacity and processes) which ensure positive adaptability (Killian, 2004). The protective processes model also maintains that resilience can be nurtured in children. Similar to the internal strengths model, this model underscore the importance of the environment in building resilience. Internal personal strengths (including personality, emotional maturity and genetic factors), interpersonal resources (for example, communication skills, spiritual attachment) and external supports (from family and community) constitute the core of the protective processes model (Ibid). Killian (2004) notes that the family and educational systems can play a vital role in helping children develop resiliency, for example, by encouraging relationships that allow for questioning and curiosity instead of blind trust in adults and unquestioning compliance.

Therefore, resiliency seems a critical consideration in moderating the effects of child sexual abuse in children. This would be achievable through nurturing existing individual capacities (i.e. social competence, self-esteem, sense of efficacy, socially acceptable emotional expressions), maintaining strong family systems (with secure attachments, emotional support, positive role models) and building strengthening societies which are supportive, accepting and rich in culture (Killian, 2004).

## **2.10. The Effects of CSA – A Conceptual Framework**

Studies done with adolescents clearly point to potentially negative effects being observed at the adolescent phase, with major negative consequences to overall healthy development of survivors of CSA. While degrees of trauma in relation to impact bandied about in literature may give the notion of a mediating role, for example less betrayal trauma if the child was suspicious of father's activities from the beginning, there is ample evidence that trauma has negative impacts on a child's life. As aptly put by Herman (1997) "... repeated trauma in childhood forms and deforms the personality" (p.97). Implications for personality deformities and other deformities may be best understood in terms of developmental theory and the traumatic dynamics model.

Erik Erikson's eight-stage developmental theory model has at its core, the notion that failure to negotiate any stage successfully has the potential to derail normal development in any individual (Cooper-White, 2000). Therefore, sexual trauma, occurring at any of the child's developmental stages, has the potential to interfere with normal progression or development. Additionally, it may be argued that children may be fixated on certain stages due to unresolved traumas. Bagley and Thurston (1996) suggest that sexually assaultive behaviour in adolescence may be a function of identity fixation in males. Additionally, they maintain that sexually abused children may have considerable difficulty particularly when they reach the identity versus role confusion stage. Parts of their development would have been potentially directed by a false sense of self as a sexual partner of an adult or of being powerless.

For the purposes of illuminating possible connections between traumatic impacts emanating from CSA and maladjustment in adolescence, three of these stages (that fall within the adolescent phase) will be presented.

<b>Approximate age</b>	<b>Psychosocial crisis</b>	<b>Significant events and social influences</b>
3–6 years	Initiative versus guilt	Sense of initiative which manifests in attempts to take on tasks which might be more than their capabilities. Conflict with parents over these undertakings engenders guilt feelings. Family is key social agent
6–12 years	Industry versus inferiority	Acquisition and mastering of social and academic skills leading to self-assurance. Comparing self with peers. Social agents are teachers and peers
12–20 years	Identity versus role confusion	The big question is, Who am I? Establishment of social and occupational identities. Society and peers are social agents.

**Table 1: Three of Erikson's eight developmental stages**

Firstly, traumatic betrayal with resultant guilt feelings identified in impact studies by DeFrancis, (1969, as cited in Browne & Finkelhor, 1986) has potential to be magnified in CSA occurring at initiative versus guilt stage. The betrayal dynamic is linked to a wide number of impacts of CSA in children, amongst these hostility, anger, delinquency, trust issues and extreme dependency (Finkelhor & Browne, 1985).

The literature indicates grief resulting from being harmed or disbelieved by trusted persons is linked to depression in CSA victims (Ibid). While children tend to have strong feelings of anger which manifest in antisocial behaviour, the need to trust again manifests itself in vulnerability to unhealthy and abusive relationships in adult life due to an impaired judgement and tendency to be gullible (Ibid). Aggressive behaviour in boys with a history of CSA has been cited in numerous studies of victim-turned-abuser, as mentioned in the previous section. Browne and Finkelhor (1986) note that pervasive uncharacteristic antagonism towards parents and peers is associated with feelings of

betrayal. If this hostility is not recognised for what it is, it can induce self-stigmatisation (Summit, 1983, as cited in Dippennar, 1993). Furthermore, undesirable changes have been noted in school and in the academic performance of children following sexual abuse experiences (Finkelhor & Browne, 1985).

Secondly, the powerlessness dynamic may wreak havoc on the psychological development of 6–12 year old abused children whose bodily invasions renders them powerless to protect themselves. Resultant tendencies towards a need to control, anxiety, fear and a lowered sense of efficacy (Finkelhor & Browne, 1985) may connect to behavioural manifestations not conducive to mastering of social skills. The interaction of the powerlessness dynamic seems to be linked to fear and anxiety in sexually abused children.

Findings in the study by Runtz and Briere (1986), suggest that eating problems manifesting immediately after the abuse experience has an enduring long-term effect. Saddock and Saddock (2003), suggest that certain eating disorders in adolescents, for example anorexia nervosa, develop as a response to a need for independence, in the absence of a sense of autonomy and selfhood. Additionally, dissociation has been cited in numerous studies of children and adults as a mechanism to regain control (Bagley & Thurston, 1996; Briere & Runtz, 1988). Feeling powerless undermines a person's sense of efficacy and coping skills, which is probably linked to depression and suicidal behaviour. "Sexually abusing others is seen as a desperate attempt to regain feelings of personal power" among adolescent perpetrators (Bagley & Thurston, 1996, p.66).

Finkelhor and Browne (1985) suggest that learning problems and running away in adolescent victims may be connected to the powerlessness dynamic. To regain a sense of power, victims may tend to become bullies and be over-controlling in their relationships.

The stigmatisation dynamic involves negative messages communicated to the child regarding the abuse. Messages implying that the child is to blame for the abuse for example may lead to feelings of guilt and badness (Finkelhor & Browne, 1985). The

secrecy often surrounding abuse, whether coming from the abuser or the family, compounds feelings of shame and guilt (Cooper-White, 2000; Finkelhor & Browne, 1985).

Societal constructs of abuse as taboo and invited by victims reinforces feelings of stigmatisation (Finkelhor and Browne, 1985). The effects of stigmatisation may manifest in low self-esteem, sense of being an outcast and thus isolation, drug and alcohol abuse, self-mutilation, prostitution and suicidal behaviour (Ibid). Similarly, Bagley and Thurston (1996) suggest that an identity fixated in guilt and acting out is possibly associated with victim offending in boys and promiscuity in victimised girls.

Therefore, the psychological journey of establishing one's social and occupational identity has to interact with false conceptions of self, among other things, in the adolescent stage of development. In terms of psychological adjustment, the concomitant fixation on past stages of development and the tumultuous nature of adolescence will potentially disadvantage adolescent survivors.

Luster and Small (1997), as well as Runtz and Briere (1986), identify four broad areas of psychological maladjustment in adolescents with a history of child sexual abuse; school problems, conflict with authority, sexuality and eating problems. Kendall and Tuckett (1993, as cited in Luster & Small, 1997) add depression, somatic, complaints, illegal acts, running away and substance abuse to the list. Luster and Small (1997) conclude that adolescents with a history of child sexual abuse seem to be prone to suicidal thoughts and binge drinking when compared to those without a history of abuse.

Jones and Ramchandani (1999) assert that there are significant associations between sexually abused boys and antisocial behaviour. This study found a strong relationship between child sexual abuse history and antisocial behaviour among boys, whilst both girls and boys showed an increased risk of extreme substance use.



In their study, Bergen, Martin, Richardson, Allison, and Roeger (2004) draw attention to the importance of early identification of child sexual abuse in adolescents, and appropriate intervention to improve chances of adjustment in life's later stages. Runtz and Briere (1986) aptly point out that maladjusted behaviour in adolescents should be regarded as a flag for past or current sexual abuse. They suggest that delinquent behaviour in adolescence may be a way of communicating or dealing with the traumatic experience of sexual abuse. Jones and Ramchandani (1999) point out that in the absence of timely intervention in CSA, children are robbed of a happy adolescence and adulthood.

### **2.11. Moderating Factors**

The combination of certain variables has been indicated to determine the development of psychological outcomes. However, many studies suggest that susceptibility to the effects of child abuse differs between children, and that not all sexual abuse leads to maladjustment (Finkelhor & Browne, 1985; Walker, Downey & Bergman, 1989, as cited in Luster & Small, 1997). Some children appear to have the ability to lead adjusted and productive lives despite the trauma of sexual abuse.

Gomes-Schwartz, Horowitz and Cardarelli (1990) offer a framework for a systematic understanding of the moderating factors at play in CSA. The framework comprises three main factors; the pre-existing conditions (relating to child, family and environment), abuse-specific features (for example, forms of abuse and time of disclosure) and, response to the abuse (from family and other relevant parties, for example, law enforcement, medical practitioners).

Social scientists have employed the study of resilience in order to explain the adjustment and maladjustment responses of children encountering adversity during the developmental trajectory (Killian, 2004). The resilience notion incorporates the different systems within and around the child and his/her environment as discussed in the previous section. Luster and Small (1997) maintain that the two variables at work in children's vulnerability to the effects of child sexual abuse are genetic factors and developmental

experiences. They particularly mention school success, partly determined by intelligence and, an experience in successful negotiation of adversity in the past, as important factors. In support, Kendal-Tackett, Williams and Finkelhor (1993, as cited in Luster & Small, 1997) state that age plays a role in symptomatology in young sexually abused people.

Literature offers numerous other factors at play in moderating effects of childhood sexual abuse. It is noted that some of these factors focus on the characteristics and forms of sexual abuse (i.e. victim-perpetrator relationship, force). For example, Bagley *et al.* (1996) suggest that force and identity of perpetrator (someone other than father) have been shown to be related to depression and feelings of worthlessness in one of the reviewed studies. On the other hand, Finkelhor and Browne (1985) conclude that despite lack of sufficient research to confirm this, abuse by fathers or stepfathers and experiences involving genital contact, presence of force during the attack or abuse by male perpetrators are associated with more severe forms of trauma.

Numerous researchers posit that support systems, particularly by parents and other adults, play a moderating role in the effects of child sexual abuse (Bagley *et al.*, 1996; Luster & Small, 1997; Wyatt & Mickey, 1988).

More research is required to understand the moderating factors of sexual abuse, particularly at the adolescent stage of development.

## CHAPTER THREE

### RESEARCH DESIGN AND METHODOLOGY

#### **3.1. Introduction**

This study explored the prevalence of child sexual abuse and its relationship to psychological adjustment problems during the adolescent phase of development. School-going adolescents from a black South African background were surveyed, using a self-report questionnaire. The focus of this chapter is on the research design, the participants, the instruments used, and the ethical considerations.

#### **3.2. Research Design**

The researcher takes a positivistic paradigmatic stance. According to Terre Blanche and Durrheim (1999), the positivistic epistemological stance is that of an objective and detached observer whose interest lies in giving as accurate an account as possible of the existence of a phenomenon; in this case, the prevalence/occurrence of child sexual abuse (CSA), and its relationship to psychological adjustment problems amongst black adolescents in South Africa.

In the current study, the researcher utilises a quantitative “once off” retrospective method to screen for child sexual abuse history and the characteristics of abuse. Additionally, to establish any potential relationship between CSA history and psychosocial maladjustment, a quasi-experimental design is employed. According to Greig, Taylor, and MacKay (2007), a quasi-experimental design excludes random sampling, as groups being compared need to be well matched. This method seemed most appropriate for this research because it allowed for comparisons to be made between various subgroups existing within a sample of high school learners. For example, participants are of different age groups, with sexual abuse experiences possibly occurring at different ages and stages of adolescence. In addition, both males and females were involved, with different home environments (rural/urban/peri-urban), backgrounds (living arrangements ranging from two-parent homes, single-parent homes, child-headed homes and

institutionalised homes) and different sexual abuse experiences which gives the researcher the opportunity to study the relationships between different variables (Breakwell, Hammond, & Fife-Shaw, 1995). Furthermore, the quasi-experimental design was chosen taking into consideration avoidance of time and cost-factor constraints which are characteristic of prospective longitudinal designs.

This method differs from a longitudinal design in that the researcher intended to measure past and current (if any) experiences of respondents at a particular point in their lives. The quantitative method is prone to draw criticism from some who assert that a retrospective post-test study, due to its lack of information pertaining to pre-abuse state, can only result in weak causal inferences (Collings, 1994).

### **3.3. Aim of Study**

The overarching aim of the study was to survey CSA experiences among black South African adolescents. This aim is further broken down into three parts:

- 1) To discover the prevalence rate of CSA among black South African adolescents;
- 2) To investigate the characteristics of CSA experienced by black South African adolescents; and
- 3) To explore the effects of CSA at the adolescent phase of development in black South African children.

### **3.4. Research Questions**

The study therefore seeks to answer the following research questions:

- a) What is the prevalence rate of child CSA among school-going black South African adolescents?

- b) What are the characteristics of CSA experienced by school-going black South African adolescents?
- c) What is the nature of CSA experienced by school-going black South African adolescents?
- d) What resources have been accessed to help them cope?
- e) Is there a relationship between CSA and self-reported symptoms of psychological maladjustment as indicated on the Reynolds Adolescent Adjustment Screening Inventory (Reynolds, 2001).

### **3.5. Ethical Considerations**

According to Durrheim and Wassenaar (1999), it is imperative for researchers to incorporate and be guided by ethics at all stages of executing a research project. The sensitive and personal nature of CSA enquiry presents a special need for relevant and focused ethical considerations. For this study, these considerations are even more essential due to the age of the cohort involved (i.e. children under the age of 18 years).

From the outset, the researcher anticipated challenges with informed consent and autonomy when accessing participants through the education system. Some of these anticipated difficulties concerned the multiple levels of consent needed: that is, consent from the education department, school principals, parents, and finally, learners. Furthermore, the principle of non-maleficence presents a daunting challenge when working with children. This is due to the possibility for secondary traumatisation inherent in participation in the study, the explicit sexual language used in the questionnaire, especially for the naïve adolescents, and the stigma and secrecy usually associated with child sexual abuse in society at large. Additionally, the assurance of anonymity to participants is double-edged in terms of the principle of beneficence, especially in terms of instant benefit. While anonymity is crucial for participants on the

one hand, inviting those participants currently in abusive situations to come forward in order to be referred for intervention would create an ethical dilemma.

One of the possible benefits of participation would have been a referral for those participants currently experiencing child sexual abuse. In observance of anonymity, it would have been unethical to ask participants in such situations to come forward so that they could be referred. The best that could be done under the circumstances was to give participants contact details of the nearest free counselling services provider (the Open Door Crisis Centre), should there be the need to see a counsellor. This was emphasised to the participants and contact details were made available as a referral source, after appropriate negotiations had taken place with the service provider.

The long-term direct potential benefits of the study are three-fold. Firstly, it is important to demystify child sexual abuse, and to hopefully deal with the stigma attached to discussions about it. Secondly, the study gives an opportunity for participants to give voice to their experiences that have been kept secret. Finally, it seeks to raise awareness of child sexual abuse and some of the issues surrounding this phenomenon. According to the school management, in view of the high rate of teenage pregnancy in schools, violence in society and school, and learners coming from dysfunctional, single-parent and child-headed homes, they welcomed the study as a useful educational/awareness tool for participants. For the broader society, the potential benefit is the opportunity for the results of this study to inform policies, future research, and prevention and intervention strategies for child sexual abuse experienced in black South African communities.

In seeking to address issues of non-maleficence, the researcher was acutely aware of the need to use language that is acceptable and accessible to both naïve and sophisticated participants. This was informed by both awareness of pervasive cultural norms around discussion of sexual issues with children and the sensitive nature of the study. Therefore, questions were formulated with this need for accessibility and acceptability in mind. According to Collings (1994), participation in child sexual abuse research is bound to be stressful for participants. Therefore, prior arrangements for referrals were made with the

Director of the Open Door Crisis Centre for any participants experiencing psychological distress while taking part in the study. Additionally, participants were given the researcher's contact details should they need to discuss any issues arising from participating in the study.

As aptly put by Collings (1994), "In the context of research, the principle of autonomy implies a need for informed consent from participants or, in the case of minor children, from parents or legal guardians of participants" (p.90). From preliminary discussions with principals from the two participating schools, the researcher was assured not only of full participation but of the relevancy of the study for the education system as a whole.

After numerous meetings with principals to explain the full details of the study, they undertook to seek and receive approval from their schools' governing bodies for the study to be conducted. Subsequently, three letters of consent for the three levels of consent necessary were duly drafted i.e. for principals, parents and learners respectively (see Appendices B - J). One of the principals, at his request, was involved in the drafting of letters of consent for parents and learners. Letters of consent contained a detailed description of the study, including the purpose, content and information about data collection. Because all participants were isiZulu speaking, all consent forms were translated into isiZulu. Translations were checked by two independent people for accessibility across different levels of education, and these were then translated back into English by a third party to check the accuracy of the translation.

Learners were granted a week within which to have their parents peruse, sign and return consent forms. Only those learners with signed consent forms were accepted to participate in the study. Only five learners failed to return signed consent forms. For students in boarding school, the principal was regarded as the person legally authorised to give permission on behalf of parents. Accordingly, the principal of the boarding school confirmed to the researcher that he had power of attorney over matters concerning learners whilst at school, and therefore granted blanket parental consent after consultation with the school committee, in those instances in which the child was eager to participate.

If the child appeared reluctant to participate this was taken as an indication of the child's right not to participate in the study.

Prior to the commencement of data collection, the researcher read and explained in detail the information on the assent forms to participants. The researcher also alerted participants to the risk of possible stressful reactions after participating in the study, particularly for those participants with a history of child sexual abuse (Collings, 1994). Participants were not in any way coerced to participate in the study. Furthermore, they were invited to ask clarifying questions before individually agreeing to participate.

Participants were assured of full confidentiality and anonymity, in that the biographical information only requested their age, gender, race, grade and who they were living with. Although their names were included in the consent forms, there was no way of matching these to the completed questionnaires. During data collection, the seating arrangement was organised so that participants could enjoy privacy. This was achieved by seating each participant at her/his own desk and where this was not possible objects were used to block each other's view of the questionnaire.

To further safeguard against fears of exposure during data collection, the researcher was physically present during all times whilst participants were completing the questionnaire. Furthermore, the researcher reiterated before the commencement of questionnaire administration, that neither participants' nor schools' names would be cited in any materials emanating from the study.

### **3.6. Sampling**

Commensurate with the population group and developmental phase of the cohort of interest for this study, a number of high schools in black residential areas were approached for the purpose of sampling. A convenience sampling method was utilised, and two high schools were recruited from the KwaZulu-Natal (KZN) province in South Africa.



Three hundred and thirty Grade 9 learners, 197 from a day high school and 133 from a high school catering for both day and boarding scholars, comprised the sample. The day school is situated in a township, and attended by learners from the surrounding rural, peri-urban and urban areas. Although the boarding school is situated in a peri-urban area, it draws its student body from various geographical areas in KZN and other provinces. The schools were chosen specifically for their attributes in terms of race (black), mixed socio-economic status (low and middle) and diverse geographical backgrounds (rural, urban, and peri-urban) of learners, reflective of a large cross-section of black learners. Grade 9 learners were selected in the belief that they represented the full range of adolescent levels, i.e. the ages between 13 and 18. The focus of the study is on black, Grade 9 learners and therefore no other exclusion or inclusion criteria were involved in the sample.

The entire sample identified itself as black. The mean age of the sample was 14.9 years, with a range of 13 to 18 years. About half of the sample (48%) reported living with both parents, 33% lived in single-parent households (29.7% with mothers and 3.6% with fathers) and 8.5% lived with grandparents. The balance reported living with siblings (2.4%), foster parents (1.5%), adoptive parents (1.2%), with .3% living in institutionalised care and 3.9% unspecified. Of the sample of 330 adolescents, 63.9% were girls and 39.1% boys (see Table 1).

<b>Number of Participants</b>	<b>Race</b>	<b>Gender</b>	<b>Grade</b>	<b>Family Background (living with)</b>
330	Black South African	Males 119 Females 211	Grade 9	Biological Parents 161 Mother only 98 Father only 12 Adoptive Parents 4 Foster parents 5 Grandparents 28 Siblings 8 Children's Home 1 Unspecified 13

**Table 1: Demographic profile of participants**

### **3.7. Measures Used**

Self-report questionnaires are widely used as viable instruments in retrospective studies. An English self-rating structured questionnaire adapted from Collings (1994) was used. The questionnaire consisted of sexual abuse history screening items. Additionally, the Reynolds Adolescent Adjustment Screening Inventory (RAASI) was employed as part of the questionnaire. It should be noted that the sample for Collings' study was drawn from college students of mixed races. Therefore, it was necessary to reword some of the items in order to facilitate easy understanding for less sophisticated, and perhaps naïve, second language English respondents at the high school level.

#### **3.7.1. Self-rating Questionnaire**

The questionnaire is comprised of three sections, 37 variables and 132 items (see Appendix D). Section A of the questionnaire is dedicated to demographic information which includes the participants' living circumstances, race, grade, gender and age. Section B consisted of 30 items that screened for sexual abuse history, nature of sexual abuse, age of experience, perpetrator characteristics, abusive nature of experience,

disclosure issues and emotional responses to the incident/s. In addition, in order to assess respondents' attitudes towards risky behaviour, another four items were included in the questionnaire. To assess adjustment, the RAASI (Reynolds, 2001) was also incorporated into the questionnaire.

### **3.7.2. Reynolds Adolescent Adjustment Screening Inventory (RAASI)**

The RAASI was designed by Reynolds (2001) to measure a wide range of adolescent symptoms of psychopathology and maladjustment. The RAASI is used as a measure of adolescent psychological adjustment to assess the severity of externalising and internalising adjustment problems (Ibid). It is a self-administered measure, consisting of 32 items which are divided into four sub-scales. The RAASI is a brief and user-friendly instrument. Although the RAASI is appropriate for third grade-level reading with ages 12 to 19 years, a few items had to be adapted for South African language subtleties and nuance. While the RAASI does not proffer DSM-IV TR, (2000) equivalent diagnosis, it is a viable tool when screening for clinical severity of adjustment problems in the past six months (Reynolds, 2001). It should be noted that the RAASI is a US standardised measurement instrument. Although its normative sample included ethnically diverse adolescents (Ibid), it has not been standardised for the South African population of adolescents and therefore, may not be culturally appropriate. Therefore, this may limit the interpretability of the results.

The RAASI measures psychological adjustment within four distinct areas, namely, antisocial behaviour, anger control, emotional distress, and self-esteem/social inhibition. The four scales are described by Reynolds (2001) as follows:

#### *Antisocial Behaviour (AB)*

While the AB scale screens for multiple problem behaviours, full blown Conduct Disorders are excluded. The eight items in the AB scale assess issues related to drug and alcohol use, engaging in illegal behaviour, disregard for home and school rules,

troublesome behaviour at home and in the workplace, and being absent from home without permission.

#### *Anger Control (AC)*

The AC scale consists of eight items. Anger control problems are described as loss of temper, arguing with adults, anger, oppositional behaviour, disregard for school and home rules, and pessimistic mannerisms.

#### *Emotional Distress (ED)*

The Emotional Distress scale includes evaluating for feelings of excessive anxiety and worry, dysphoric mood, crying behaviour, general distress, difficulty concentrating and insomnia. It consists of ten items.

#### *Positive Self (PS)*

The six items in the PS scale assess aspects of self-esteem, negative sociability, sense of dissatisfaction with life and inadequate social reinforcement.

According to Reynolds (2001), the internal consistency of the RAASI is moderate to high, with values ranging from .71 to .92. Additionally, the RAASI scales show adequate test-retest reliability with coefficients ranging from .82 to .89 at a two-week interval.

Several other researchers have used the RAASI with adolescents from different cultures and reported adequate correlations. These include, Hellenthal (2001) in the study of separate and combined effects of mother, father and peer attachment on young adolescents' social, behavioural and emotional adjustment and, Zaeema, (2003) in the study of family functioning and psychological problems as risk factors in the development of juvenile delinquents.

The internal consistency of the RAASI for the participants in this study is reported in Chapter 4.

### **3.8. Procedure**

Having obtained the consent of the school principal, and the school governing bodies, parental informed consent was sought. Those learners, who returned signed informed parental consent forms, were then included in the group from whom personal informed assent was discussed and obtained. The assent forms were distributed to all adolescents before commencement of questionnaire administration. The researcher explained the assent form to learners and requested them to sign and hand them in if they wished to participate.

The researcher then explained the need for participants to keep their responses private as part of ensuring anonymity of the process. In order to uphold anonymity of participants' responses, learners were requested not to include their names on the questionnaire. Additionally, the seating was arranged to keep each learner's questionnaire private. Although the researcher assisted in the administration of the questionnaire by reading out each question and offering explanations where necessary, the mode of data collection utilised was self-administration.

To counteract potential problems related to adolescents' varying abilities to respond to questions appropriately (Greig, Taylor, & McKay, 2007), assistance was offered in the administration. Furthermore, verbal translation of more difficult terms on the questionnaire was effected in order to help those participants whose English-language proficiency would have been a hindrance in understanding certain questions.

The researcher remained at the school for at least two hours after each administration in case any of the learners wished to speak to her individually about any distress or raise any questions or issues with her. No learners availed themselves of this opportunity.

### **3.9. Data Analysis**

Data analysis was undertaken using the Statistical Program for Social Sciences (SPSS version 11). Preliminary analyses involved deriving descriptive data around the issues of interest.

Furthermore, the Chi Square test was utilised to explore relationships between variables, particularly, other variables and psychological adjustment problems as measured by the RAASI. The Chi-Square test requires frequency distributions of categorical or nominal data and yields a statistical significance of the relationship between variables.

No further higher level analysis was done in view of the exploratory nature of the current study.

The results of the study are discussed in the next chapter.

## CHAPTER FOUR

### ANALYSIS OF RESULTS

#### **4.1. Introduction**

This study investigated the prevalence, forms, patterns and effects of child sexual abuse among black South African adolescents. The aim of this chapter is to present the findings, followed by an analysis of the relationship between psychological problems and other variables.

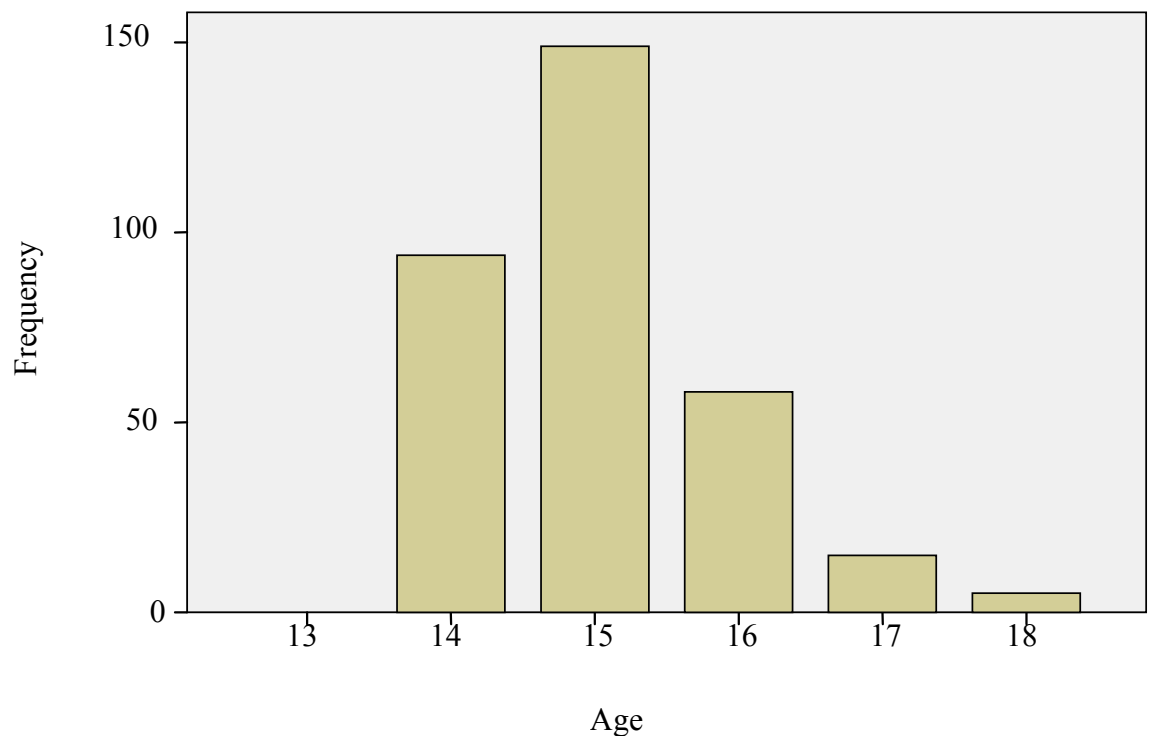
#### **4.2. Participation Rate**

Three hundred and thirty adolescents participated in the study by completing the questionnaire, and a few (3) failed to complete some of the questions related to sexual abuse. It seems they did not want to answer the questions and did not feel they could excuse themselves from participating in the survey once they had started. All questionnaires, including those with missing responses, are included in the analysis. The pattern of non-response is not clear as over 10 questions were not answered by a different number of respondents. Therefore, it appears that respondents were careless in answering the questionnaire. Since the number of participants who responded to a particular question varies, the number of responses obtained for each question is reported, together with the relevant percentages for specific responses. This enables the reader to assess the information more accurately.

#### **4.3. Demographics**

As indicated in chapter three, the sample was drawn from two high schools servicing learners from black African communities. Therefore, the constant variables in the sample were Grade (9) and race (black African). Respondents were not asked for information pertaining to their ethnicity. Hence it can be assumed that they were mainly of the Zulu culture as both schools are situated in the province of KwaZulu-Natal in South Africa. The majority of the participants were females 211 (63.9%), and 119 (36.1%) were males.

There is no apparent explanation for this somewhat perplexing gender difference (nearing to 2:1) at the Grade 9 level of schooling. The mean age for the sample was 14.69 years (boys: 15.2; girls 14.8). Figure 1 provides the frequency distribution of the participants' ages and figure 2 shows the frequency distribution for gender.



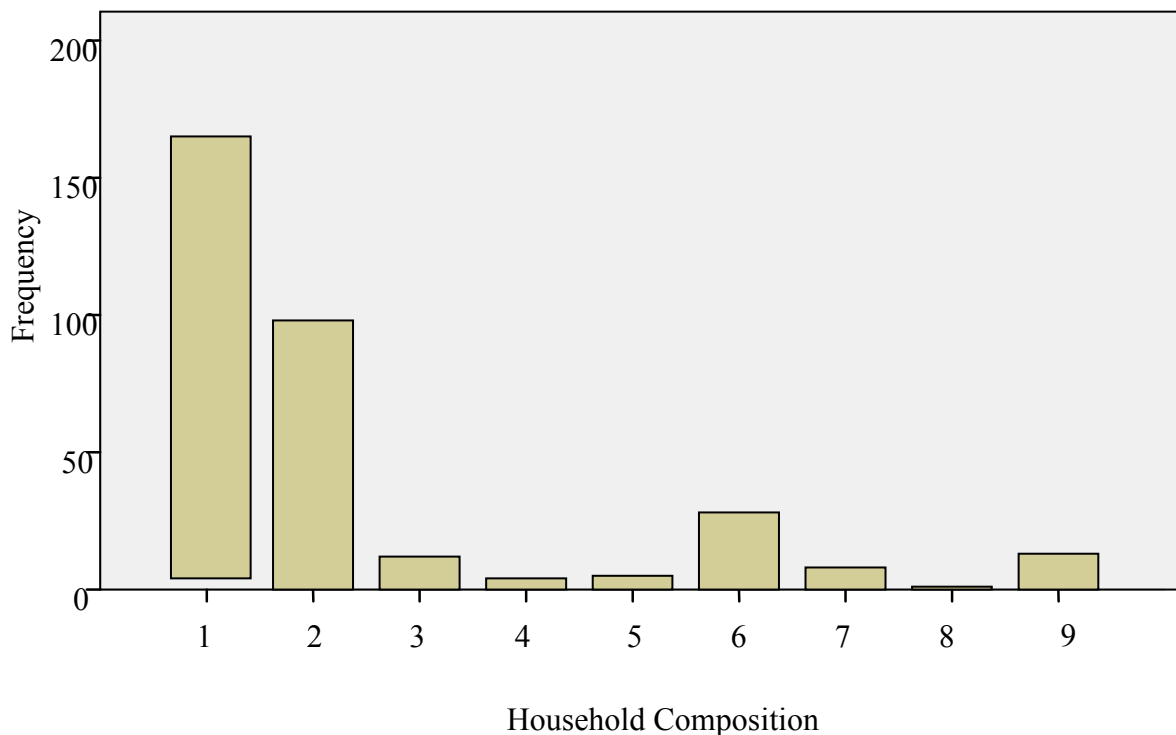
**Figure 1: Age distribution of the sample**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid				
Male	119	36.1	36.1	36.1
Female	211	63.9	63.9	100.0
Total	330	100.0	100.0	

**Figure 2: Gender distribution of the sample**



Nearly half of the participants 161 (48.8%) reported living with both biological parents, while 110 (33.3%) participants were living with one parent. Ninety-eight (29.7%) respondents came from single-parent homes, of which 86 (26.1%) were living with their mothers and 12 (3.6%) were living with their fathers. A slightly smaller number of respondents, 28 (8.5%), were living with grandparents. Figure 3 shows the distribution of respondents' family household composition.



**Figure 3: Household composition**

[1 = Biological parents, 2 = Mother only, 3 = Father only, 4 = Adoptive parents, 5 = Foster parents, 6 = Grand parents, 7 = Siblings only, 8 = Children's home and 9 = Other]

## 4.4. Inferential Statistics

### 4.4.1. Prevalence

Of the 330 learners who completed the questionnaire, a total of 190 (57.6%) reported some form of sexual abuse experience. The current study defines sexual abuse as any sexual interaction including all forms of intercourse, attempted intercourse, genital contact, sexual kissing, hugging, touching of breasts, exposure to and participation in pornography between a child and another child without consent or between a child and an adult with or without the child's consent and where there was force, coercion or threat, for sexual gratification or benefit of the abuser, which can potentially have negative short- or long-term impact on the child. Therefore 57.6% of the sample reported sexual abuse.

#### 4.4.1.1. Association between prevalence and gender

A slightly higher percentage of girls (62.1%;  $n = 131$ ) compared to boys (49.6%,  $n = 59$ ) reported having sexual abuse experiences (see Table 1), indicating that the sampled female adolescents were 25% more likely to have experienced sexual abuse than male adolescents. Nearly 50% of boys in the sample reported being sexually abused. There is a statistically significant relationship between gender and child sexual abuse ( $\chi^2 = 4.871$ ,  $df = 1$ ,  $p = .027$ ), suggesting that female respondents are statistically more likely to have been abused than males (see Table 2).

Gender	Sexually Abused		Total
	Yes	No	
Male	N=59	N=60	N=119
% within gender	49.6%	50.4%	100%
Female	N=131	N=80	N=211
%within gender	62.1%	37.9%	100%

**Table 1: Association between sexual abuse and gender**

	Df	Asymp. Sig (2-sided)	Exact Sig (2-sided)	Exact Sig (1 sided)
Pearson Chi-Square	1	.027	.028	.018
Continuity Correlation	1	.037		
Likelihood Ratio	1	.028		
Fisher's Exact Test	1	.028		
Linear-by-Linear Association				

- a. Computed only for 2x2 table
- b. 0 cells have expected count less than 5. The minimum count is 50.48.

**Table 2: Chi-Square test for association between prevalence of sexual abuse and gender**

#### ***4.4.1.2. Association between sexual abuse and age***

The age distribution of adolescents reporting sexual abuse experiences is shown on table 3. The distribution indicates that the 15 year old group were the most likely to report sexual abuse experiences. The 14 year old and 16 year old age groups were the next highest sexual abuse reporters respectively. Of the 190 adolescents responding positively to the various questions screening for sexual abuse 88 (46.3%) are 15 years old, 52 (27.4%) are 14 years old, 35 (18.4%) are 16 years old, 8 (4.2%) are 13 years old, 5 (2.6%) are 17 years old and 2 (1.1%) are 18 years old. It seems the older adolescents reported less sexual abuse experiences. However, there is no statistically significant relationship between sexual abuse and the age of participants (see Appendix K).

Sexually abused	Age						Total
	13	14	15	16	17	18	
<b>Yes</b>							
Count	8	52	88	35	5	2	190
% within age	88.9%	55.3%	59.1%	60.3%	33.3%	40.0%	57.6%
%within sexual abuse	4.2%	27.4%	46.3%	18.4%	2.6%	1.1%	100.0%
% of Total	2.4%	15.8%	26.7%	10.6%	1.5%	.6%	57.6%
<b>No</b>							
Count	1	42	61	23	10	3	140
% within age	11.1%	44.7%	40.9%	39.7%	66.7%	60.0%	42.4%
%within sexual abuse	.7%	30.0%	43.6%	16.4%	7.1%	2.1%	100.0%
% of Total	.3%	12.7%	18.5%	7.0%	3.0%	.9%	42.4%
<b>Total</b>							
Count	9	94	149	58	15	5	330
% within age	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
%within sexual abuse	2.7%	28.5%	45.2%	17.6%	4.5%	1.5%	100.0%
% of Total	2.7%	28.5%	45.2%	17.6%	4.5%	1.5%	100.0%

**Table 3: Association between sexual abuse prevalence and age**

#### ***4.4.1.3. Association between sexual abuse and risk behaviour***

All participants responded to the four questions assessing risk behaviour. The responses were scored on a four-point scale, with two being reverse-scored. The total scores were then categorised into three levels indicating tendency for engaging in risky behaviour i.e. normal, mild and high-risk behaviour.

Participants who reported sexual abuse seem to show slightly higher levels of risk behaviour. Seventy-one (52.2%) participants indicating mild risk behaviour levels have a

history of sexual abuse, and 14 (60.9%) of those indicating high levels of risk taking behaviour also have such a history. On the contrary, 65 (47.8%) and 9 (39.1%) participants indicating mild and high risk behaviour levels, respectively, reported no history of sexual abuse. However, a higher number of participants, 105 (61.4%), indicating normal levels of risk behaviour have a history of sexual abuse, compared to 66 (38.6%) who reported no sexual abuse (see Table 4). There is however no statistically significant relationship between levels of risk taking behaviour and sexual abuse prevalence (see Appendix L ).

	Risk Behaviour Level			Total
	Normal	Mild	High	
<b>Sexually Abused</b>				
<b>Yes Count</b>	105	71	14	190
%within sexually abused	55.3%	37.4%	7.4%	100.0%
%within Risk behaviour level	61.4%	52.2%	60.9%	57.6%
% of Total	31.8%	21.5%	4.2%	57.6%
<b>No Count</b>	66	65	9	140
%within sexually abused	47.1%	46.4%	6.4%	100.0%
%within Risk behaviour level	38.6%	47.8%	39.1%	42.4%
% of Total	20.0%	19.7%	2.7%	42.4%
<b>Total Count</b>	171	136	23	330
%within sexually abused	51.8%	41.2%	7.0%	100.0%
%within Risk behaviour level	100.0%	100.0%	100.0%	100.0%
% of Total	51.8%	41.2%	7.0%	100.0%

**Table 4: Association between prevalence of sexual abuse and risk behaviour**

#### ***4.4.1.4. Association between sexual abuse and household composition***

The association between participants' household composition and history of sexual abuse is depicted in Table 5. The results indicate that of the 190 respondents who reported

sexual abuse, 1 (100%) lived in a children's home, 10 (83.3%) lived with father only, 4 (80.4%) lived with foster parents and 3 (75.0%) lived with adoptive parents. Of the 161 (48.8%) participants who lived with both biological parents, 86 (53.4%) reported sexual abuse, and 58 (59.2%) of those living with mother only reported sexual abuse.

		Sexually Abused				Total	
Household composition		Yes		No			
		N	%	N	%	N	%
	Both parents	86	53.4%	75	46.6%	161	100.0%
	Mother only	58	59.2%	40	40.8%	98	100.0%
	Father only	10	83.3%	2	16.7%	12	100.0%
	Adoptive parent	3	75.0%	1	25.0%	4	100.0%
	Foster parents	4	80.4%	1	20.0%	5	100.0%
	Grand parents	16	57.1%	12	42.9%	28	100.0%
	Siblings only	4	50.0%	4	50.0%	8	100.0%
	Children’s home	1	100.0%	0	.0%	1	100.0%
	Other	8	61.5%	5	38.5%	13	100.0%
% of Total		190	57.6%	140	42.4%	330	100.0%

**Table 5: Association between prevalence of sexual abuse and household composition**

The Chi-Square test indicates that the association between respondents' family backgrounds and sexual abuse history is not statistically significant ( $\chi^2 = 7.041$ ,  $df = 8$ ,  $p = .532$ ). This suggests that respondents' family background is not likely to increase their vulnerability to sexual abuse.

#### **4.4.2. Forms and Characteristics of Abuse**

Of the total of 330 participants, 180 adolescents reported being abused. Of the participants reporting abuse, 105 specified form/s of abuse. A total of 209 abuse experiences were reported, with 36 participants reporting more than one form of abuse. Whilst non-contact forms of sexual abuse are included in the definition of child sexual abuse in the current study, 159 (76%) of these reported abuse experiences comprised contact forms of abuse, with the remaining 50 (23.9%) reporting non-contact forms of abuse (see Table 6).

Forms of sexual abuse	Abuse Experience	
	N	%
Contact forms:		
Vaginal or anal intercourse	14	6.7%
Attempted sexual or anal intercourse	18	8.6%
Oral sex	15	7.2%
Genital Fondling	48	23.0%
Breast Fondling	15	7.2%
Touching, hugging, kissing	49	23.4%
Non-contact forms of sexual abuse:		
Exposure to pornography	50	23.9%

**Table 6: Forms of child sexual abuse reported by sample of adolescents**

#### ***4.4.2.1. Age of survivor***

The characteristics of sexual abuse i.e. the survivors' age at time of abuse, relationship to perpetrator as well as the perpetrators' age and gender is shown in Table 7.

Of the 98 participants who reported on the age at which the abuse first occurred, the majority, 50 (51%), indicated they were sexually abused between the ages of 6–12 years; 42 (42.8%) experienced abuse in the adolescent phase of development i.e. 12 years and above. For the remaining 30 (6.2%), the abuse took place in the first 5 years of life (see Table 7 below).

#### ***4.4.2.2. Age of perpetrator***

Only 93 adolescents indicated the age of the perpetrator. While the perpetrators' age ranged between 7 to 50 years, the majority of perpetrators (n = 40; 43%), fell within the adolescent phase of development, with 29% (n = 27) being in the young adult phase and

19.3% (n = 18) in young adulthood. The minority (n = 8; 8.7%), fell within the middle adulthood phase of development (see Table 7).

#### ***4.4.2.3. Abuser-abused relationship***

A total of 121 abused participants responded to the question about their relationship to the abuser. Of these, 42 (35.0%) were abused by friends (peers), while for 30 (24.8%) participants, the abuser was a stranger, and in 10 (8.3%) of the cases, the abuser was someone well known to the child (i.e. a family friend). It can be assumed that the abusive peers were within the adolescent phase of development as it was indicated above that this category made up the majority of perpetrators. In addition, some of the abuse occurred between relatives. In 4 (3.3%) instances the abuser was a parent while in 3 (2.5%) cases the abuser was a step-parent. Siblings accounted for 11 (9.0%) abuse cases, while other relatives (aunt/uncle/cousin) made up 21 (17.5%) of the perpetrators (see Table 7).

#### ***4.4.2.4. Gender of perpetrators***

Of the 190 participants who reported an abuse experience, 125 (65.8%) specified the gender of the perpetrator. Sixty (52%) of the abused participants indicated that they were abused by males, whilst 65 (48%) were abused by a female perpetrator. A higher number (36) of girls compared to boys (29) did not specify the perpetrator's gender. Same-sex abuse was reported by 57 (60%) females and by 22 (73%) males.



Characteristics	Abuse Experiences	
	N	%
<u>Age of Survivor</u>		
0–5 years	30	6.2%
6–12 years	50	51.0%
12 + years	42	42.8%
<u>Age of Perpetrator</u>		
0–18 years	40	43.0%
19–25 years	27	29.0%
26–35 years	18	19.3%
36 years or more	8	8.7%
<u>Survivor-perpetrator Relationship</u>		
Stranger	30	24.8%
Friend	42	34.7%
Biological parent	4	3.3%
Step-parent	3	2.5%
Family friend	10	8.3%
Sibling	11	9.0%
Other relative	21	17.4%
<u>Gender of Perpetrator</u>		
Male	60	52.0%
Female	65	48.0%

**Table 7: Characteristics of sexual abuse experiences reported by adolescent sample: survivors and perpetrators**

#### ***4.4.2.5. Force and coercion***

Of the 190 participants who reported being abused, 149 (78.4%) indicated that threat, force, violence or coercion was used. This suggests that in most instances, some form of violence or coercion was an integral element in these instances of child sexual abuse.

#### ***4.4.2.6. Duration of abuse***

Seventy-two (21.9%) of the participants responded to the question about the duration of abuse, with the majority, 41 (57.0%), reporting that the abuse occurred once only and 6 (8.3%) experiencing the abuse over a period of 12 months and more (see Table 8).

#### ***4.4.2.7. Frequency of abuse***

Whilst the question about the duration of the abuse aimed to ascertain the period over which the abuse took place, the question on the frequency of abuse focused on the number of times the abuse took place. A large portion, 45 (57%), of the 79 participants who responded to the question on the frequency of the abuse experience reported a once-off experience, while 23 (29%) had experiences of up to 5 times, and 8 (10.1%) of up to 10 times. Some of the participants 3 (3.8%) experienced repeated abuse i.e. more than 10 times (see Table 8 below).

Characteristics	Abuse experiences	
	N	%
<u>Threat, force, violence used</u>		
No threat, force or violence	40	21.1%
Verbal threat	18	9.5%
Verbal threat of bodily harm	5	2.7%
Extreme threat of bodily harm	11	5.9%
Pushed or held down	14	7.4%
Beaten, punched, kicked, slapped, choked	7	3.7%
Physical force	4	7.4%
Coercion	80	42.3%
<u>Duration</u>		
1 time only	41	57.0%
1 month or less	15	20.8%
1–6 months	2	2.8%
6–12months	8	11.1%
12 months or more	6	8.3%
<u>Frequency</u>		
1 time only	45	57.0%
2–5 times	23	29.1%
6–10 times	8	10.0%
10 times or more	3	3.9%

**Table 8: Characteristics of sexual abuse experiences reported by the adolescent sample: dynamics**

#### **4.4.2.8. Disclosure**

Sixty-six (57.9%) participants indicated that they had disclosed the abuse, while 48 (42.1%) had not disclosed at the time of the survey (see Table 9). Although 36 (31%) adolescents disclosed the abuse to a friend as opposed to only 20 (17.5%) who disclosed to parents, the majority, 42 (46.7%), indicated that they would have liked to disclose to a parent. Despite the lack of a direct question on reasons for not disclosing to parents, 39 (68.2%) participants nevertheless reported feeling scared as the main deterrent to disclosure, whilst 26 (31.8%) feared that they would not have been believed.

Furthermore, the majority, 40 (41.4%) respondents who disclosed did so within days of the abuse taking place. In response to the question “How much did it help to tell that person” a large portion, 45 (45.9%) adolescents, indicated they found disclosure extremely helpful, while 25 (23.8%) indicated that telling someone about the abuse helped quite a lot. In addition, 25 (23.8%) said disclosure was of little help and 10 (9.5%) reported that it helped a fair amount. Disclosure patterns are presented in Tables 9a and 9b.

Characteristic	Abuse Experience	
	N	%
<u>Disclosure</u>		
No one	48	42.1%
Parent or guardian	20	17.5%
Sibling	10	8.8%
Friend	36	1.6%
<u>Reason for not disclosing</u>		
Feeling scared	39	68.2%
Not being believed	26	31.8%
<u>Time of disclosure</u>		
Never	52	43.0%
Same day	33	27.3%
Days later	17	14.1%
Weeks later	5	4.1%
Months later	5	4.1%
Years later	9	7.4%

**Table 9a: Characteristics of sexual abuse reported by sample of adolescents: disclosure**

Characteristic	Abuse Experience	
	N	%
<u>Perceived value of disclosure</u>		
Little	25	23.8%
Fair amount	10	9.5%
Quite a lot	25	23.8%
Extremely	45	42.9%
<u>Disclosure Preferences</u>		
Parent	42	46.7%
Friend	30	33.3%
Pastor	8	8.9%
Teacher	3	3.3%
Grandparent/Aunt	7	7.8%

**Table 9b: Characteristics of sexual abuse reported by sample of adolescents: disclosure**

#### ***4.4.3. Help-seeking Behaviours***

To assess accessibility to professional services, participants were asked questions around issues of reporting the abuse incidents to the police as well as receiving counselling following the abuse.

##### ***4.4.3.1. Access to legal help***

Of the 62 participants who responded to the question about reporting to the police, only 15 (24.2%) reported the abuse to the police and a significant number 47 (75.8%) did not report. The most under-reported instances of abuse are those involving a peer. In 9 (60%) of the reported cases, the perpetrators were reported to have been found guilty, whilst 6 (40%) were not convicted of the crime.

#### ***4.4.3.2. Access to counselling services***

Participants were asked if they had received any professional counselling or psychotherapy following the sexual abuse experience. Of the 92 participants who responded to this question, 81 (88%) did not receive any professional counselling while 11 (12%) of them accessed professional help. Twenty-four (64.9%) adolescents indicated that peers were the preferred source of help, followed by 7 (18.9%) indicating a preference for the school and 6 (16.2%) indicating the church.

In terms of professional help, 50 (63.3%) respondents indicated they would prefer to report abuse experiences to social workers, while 26 (33.9%) would prefer to report to the police and 3 (3.8%) stated a preference for reporting to community leaders. Only 22 (25%) abused participants indicated compensation as a preferred mode of punishment, whilst 62 (60.8%) would have preferred a jail sentence as punishment of the perpetrator.

The involvement of professional legal and psychological services in the experiences of respondents is presented in Table 10.

Help-Seeking Behaviour	Abuse Experience	
	N	%
<u>Legal Involvement</u>		
Not reported	47	75.8%
Reported to police – No charge	6	9.7%
Reported – Charged	9	4.5%
Acquittal	2	22.3%
Found guilty	4	44.4%
No response	3	33.3%
<u>Reporting Preference</u>		
Community Leaders	3	3.8%
Police	26	32.9%
Social Workers	50	63.3%
<u>Desired/Preferred Punishment</u>		
Compensation	22	21.6%
Jail Sentence	62	60.8%
Other	18	17.6%
<u>Access to Professional Help</u>		
Yes	11	12.0%
No	81	88.0%
<u>Other Sources of Help</u>		
School	7	18.9%
Church	6	16.2%
Peers	24	64.9%

**Table 10: Patterns of help-seeking behaviours reported by sexually abused adolescents**



#### **4.4.4. Effects of Sexual Abuse**

Statistics on effects of sexual abuse were conducted using the Chi-Square tests to determine any relationship between psychological adjustment and the variables of sexual abuse prevalence, forms and characteristics. The RAASI score categorised participants into normal, mild, moderate and severe levels of psychological adjustment difficulties. While between-group analysis of psychological adjustment problems is done for the variable of sexual abuse history only, within-group analysis is done to determine associations between all other sexual abuse variables and psychological adjustment problems.

The internal consistency reliability coefficient for the current sample for the RAASI Adjustment Total score was moderately high (Cronbach's Alpha = .83). Moderate reliability coefficients were found for the RAASI subscales, ranging from .62 to .74 (see Table 11). This indicates the homogeneity of the RAASI item content. These findings are fairly consistent with the internal consistency reliability estimates for the RAASI total development sample, which found high consistency reliability coefficient (coefficient alpha = .92) for the Total Adjustment score and moderate to high reliability coefficient for the subscales, ranging from .71 to .88 (Reynolds, 1998).

	<b>Cronbach's Alpha</b>	<b>Mean</b>	<b>Variance</b>	<b>Std. Deviation</b>
Total Adjustment	.830	20.7283	62.308	7.89352
Anti-social behaviour	.705	4.4440	7.632	2.76258
Anger control	.628	4.7870	6.154	2.48067
Emotional Distress	.743	7.9855	12.087	3.47665
Positive Self	.710	3.4946	6.099	2.46956

**Table: 11 RAASI Reliability Test**

#### 4.4.4.1. Association between sexual abuse variable and psychological problems

The association between history of sexual abuse and levels of psychological problems in abused and non-abused participants is presented in Table 12. Two hundred and eighty-six (86.7%) of all the respondents fell within the range of normal levels of psychological adjustment on the RAASI. Out of this group, 171 (59.8%), reported a history of sexual abuse, whereas 115 (40.2%) reported no such experience. Interestingly, of the 6 adolescents who met the criteria for signs of severe maladjustment, equal numbers, that is 3 (50%), had been abused and 3 (50%) reported no abuse.

		Sexually Abused		
		Yes	No	Total
<b>Adjustment total</b>				
Normal	Count	171	115	286
	% within Abuse History	59.8%	40.2%	100.0%
	% within total psych adjustment	90.0%	82.1%	86.7%
	% of total	51.8%	34.8%	86.7%
Mild	Count	13	16	29
	% within Abuse History	44.8%	55.2%	100.0%
	% within total psych adjustment	6.8%	11.4%	8.8%
	% of total	3.9%	4.8%	8.8%
Moderate	Count	3	6	9
	% within Abuse History	33.3%	66.7%	100.0%
	% within total psych adjustment	1.6%	4.3%	2.7%
	% of total	.9%	1.8%	2.7%
Severe	Count	3	3	6
	% within Abuse History	50.0%	50.0%	100.0%
	% within total psych adjustment	1.6%	2.1%	1.8%
	% of total	.9%	.9%	1.8%
Total	Count	190	140	330
	% within Abuse History	57.6%	42.4%	100.0%
	% within total psych adjustment	100.0%	100.0%	100.0%
	% of total	57.6%	42.4%	100.0%

**Table 12: Association between child sexual abuse and adjustment total problems: Abused and non-abused**

The Chi-Square test results for adjustment total (AdjT), anti-social behaviour (AB), anger control (AC), emotional distress (ED) and positive self (PS) problems for abused and non-abused adolescents are shown in Table 13. The results indicate that there is no statistically significant relationship between history of sexual abuse and psychological adjustment in adolescents (AdjT:  $p=.203 > 0.05$ , AB:  $p=.936 > 0.05$ , AC:  $p=.572 > 0.05$ , ED:  $p=.542 > 0.05$ , PS:  $p=.76 > 0.05$ ). Therefore, it appears that respondents' overall and general psychological adjustment at adolescence is not directly related to their history of sexual abuse.

Psychological adjustment	Chi-Square Tests		
	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)
Adjustment total (AdjT)	3	.186	.203
Anti-social behaviour (AB)	3	.961	.936
Anger control (AC)	3	.510	.572
Emotional distress (ED)	3	.528	.542
Positive self (PS)	3	.729	.76

**Table 13: Chi-Square test for child sexual abuse history and psychological adjustment difficulties: abused and non-abused adolescents**

#### ***4.4.4.2. Relationship between gender of survivor and psychological adjustment problems***

The relationship between gender of survivor and psychological problems is evident on the anti-social behaviour subscale. Twelve (20.3%) boys who reported sexual abuse showed severe anti-social behaviour problems (see Table 14 below). For a slightly higher number ( $n= 99$ ; 75.6%) of sexually abused girls, the results show there are no indications for anti-social behaviour problems. These problems could include drug and alcohol abuse, illegal behaviour or disregard for home and school rules (Reynolds, 1998).

Anti-social behaviour adjustment		Gender		Total
		Male	Female	
Normal	Count	38	99	137
	Within gender %	64.4%	75.6%	72.1%
Mild	Count	1	14	15
	Within gender %	1.7%	10.7%	7.9%
Moderate	Count	8	8	16
	Within gender %	13.6%	6.1%	8.4%
Severe	Count	12	10	22
	Within gender %	20.3%	7.6%	11.6%

**Table 14: Association between gender of survivor and anti-social behaviour problems**

The Chi-Square test results for associations between gender of survivor and anti-social behaviour problems show a statistically significant relationship ( $p=.004<.005$ ). From these results, it appears that sexually abused boys are more likely to have anti-social behaviour problems at adolescence than sexually abused girls.

	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact (1-sided)
Pearson Chi-Square	3	.004	.004	
Likelihood Ratio	3	.003	.005	
Fisher's Exact Test			.004	
Linear-by-Linear Association			.009	.006
N of valid cases				

**Table 15: Chi-Square for gender of survivor and anti-social behaviour problems**

#### 4.4.4.3. Relationship between forms of sexual abuse and psychological adjustment problems

The association between the contact nature of sexual abuse and general psychological adjustment at adolescence, as measured on the RAASI, is presented in the following tables.

The majority, 69 (89.6%), of participants who reported contact sexual abuse, indicated normal levels on the general psychological adjustment scale. Furthermore, 23 (85.2%) participants reporting non-contact sexual abuse fell within the normal range of general psychological adjustment. Normal adjustment is also indicated in 21 (91.3%) participants who reported a combination of contact and non-contact sexual abuse. None of the participants who reported either contact or non-contact forms of abuse indicated severe general psychological adjustment difficulties (see Table 16).

Forms of Abuse		Total Psychological Adjustment			
		Normal	Mild	Moderate	Total
Contact sexual abuse	Count	69	6	2	77
	%	89.6%	7.8%	2.6%	100.0%
Non-contact sexual abuse	Count	23	3	1	27
	%	85.2%	11.1%	3.7%	100.0%
Combination of contact & non-contact sexual abuse	Count	21	2	0	23
	%	91.3%	8.7%	0.0%	100.0%
Total	Count	113	11	3	127
	%	91.3%	8.7%	2.4%	100.0%

**Table 16: Association between contact and non-contact forms of sexual abuse and general psychological adjustment**

The association between the contact forms of sexual abuse and anti-social behaviour indications is presented in Table 17. A total of 56 (72.7%) participants who experienced contact sexual abuse fell within the normal levels of anti-social behaviour. Nineteen (70.4%) participants reporting non-contact sexual abuse indicated normal levels on the

anti-social behaviour subscale. A slightly smaller number, 16 (69.6%), of participants also indicated normal levels of anti-social behaviour functioning and were those who reported a combination of contact and non-contact forms of abuse. Interestingly, 6 (7.8%) participants who reported contact sexual abuse and 5 (18.5%) of those who reported non-contact sexual abuse indicated severe levels on the anti-social behaviour scale.

Form of Abuse		Anti-Social Behaviour				
		Normal	Mild	Moderate	Severe	Total
Contact sexual abuse	Count	56	6	9	6	77
	%	72.7%	7.8%	11.7%	7.8%	100.0%
Non-contact sexual abuse	Count	19	3	0	5	27
	%	70.4%	11.1%	0.0%	18.5%	100.0%
Combination of contact & non-contact sexual abuse	Count	16	3	3	1	23
	%	69.6%	13.0%	13.0%	4.3%	100.0%
Total	Count	91	12	12	12	127
	%	71.7%	9.4%	9.4%	9.4%	100.0%

**Table 17: Association between contact and non-contact nature of sexual abuse and anti-social behaviour problems**

Of the 119 participants indicating normal levels of anger control, 72 (93.5%) reported contact sexual abuse, whilst 24 (88.9%) experienced non-contact sexual abuse. All 23 (100.0%) respondents who reported a combination of contact and non-contact sexual abuse indicated normal adjustment on anger control. Only 1 (1.3%) participant who reported contact sexual abuse indicated severe anger control problems (see Table 18).

Form of Abuse		Anger Control				
		Normal	Mild	Moderate	Severe	Total
Contact sexual abuse	Count	72	2	2	1	77
	%	93.5%	2.6%	2.6%	1.3%	100.0%
Non-contact sexual abuse	Count	24	1	2	0	27
	%	88.9%	3.7%	7.4%	0.0%	100.0%
Combination of contact & non-contact sexual abuse	Count	23	0	0	0	23
	%	100.0%	0.0%	0.0%	0.0%	100.0%
Total	Count	119	3	4	1	127
	%	93.7%	2.4%	3.1%	.8%	100.0%

**Table 18: Association between contact and non-contact forms of abuse and anger control problems**

The majority, 63 (81.8%), of participants who experienced contact sexual abuse fell within the normal levels in respect of emotional distress. Twenty (74.1%) participants who reported non-contact sexual abuse also indicated normal emotional distress. Eighteen (78.3%) who experienced both contact and non-contact sexual abuse showed normal levels of emotional distress. A smaller number, 4 (5.2%), of participants who reported contact sexual abuse, and 1 (4.3%) who experienced a combination of contact and non-contact sexual abuse, indicated severe levels of emotional distress (see Table 19).

Form of Abuse		Emotional Distress				
		Normal	Mild	Moderate	Severe	Total
Contact sexual abuse	Count	63	9	1	4	77
	%	81.8%	11.7%	1.3%	5.2%	100.0%
Non-contact sexual abuse	Count	20	6	1	0	27
	%	74.1%	22.2%	3.7%	0.0%	100.0%
Combination of contact & non-contact sexual abuse	Count	18	1	3	1	23
	%	78.3%	4.2%	13.0%	4.3%	100.0%
Total	Count	101	16	5	5	127
	%	79.5%	12.6%	3.9%	3.9%	100.0%

**Table 19: Association between contact and non-contact nature of sexual abuse and emotional distress**

The majority of the participants, namely 71 (92.2%), who reported contact sexual abuse fell within the range for normal levels of sense of positive self. Similarly, 26 (96.3%) of those who experienced non-contact sexual abuse, and 21 (91.3%) of those who reported a combination of contact and non-contact sexual abuse indicated normal levels of sense of positive self. Two (2.6%) participants who reported contact sexual abuse indicated severe levels of maladjustment on the positive self subscale and 1 (3.7%) participant who reported non-contact forms of sexual abuse fell within severe levels of maladjustment on the positive self subscale (see Table 20).



Form of Abuse		Positive Self				
		Normal	Mild	Moderate	Severe	Total
Contact sexual abuse	Count	71	2	2	2	77
	%	92.2%	2.6%	2.6%	2.6%	100.0%
Non-contact sexual abuse	Count	26	0	0	1	27
	%	96.3%	0.0%	0.0%	3.7%	100.0%
Combination of contact & non-contact sexual abuse	Count	21	1	1	0	23
	%	91.3%	4.3%	4.3%	0.0%	100.0%
Total	Count	118	3	3	3	127
	%	92.9%	2.4%	2.4%	2.4%	100.0%

**Table 20: Association between contact and non-contact nature of abuse and sense of positive self**

The Chi-Square test result for the association between the nature of contact of sexual abuse experienced by participants and general psychological adjustment at adolescence indicates that there is no statistical significant relationship. This suggests that there is no relationship between the history of both contact and non-contact child sexual abuse and the general and overall psychological difficulties of adolescents (see Table 21).

Psychological Adjustment	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)
Total Psychological Adjustment	4	.897	.963
Anti-Social Behaviour	6	.309	.309
Anger Control	6	.686	.745
Emotional Distress	6	.088	.080
Positive Self	6	.822	.872

**Table 21: Chi-Square test for association between nature of sexual abuse and general psychological adjustment**

#### ***4.4.4.4. Association between different forms of abuse and psychological adjustment***

The following section focuses on the association between different forms of sexual abuse and general psychological adjustment at adolescence. As stated in the descriptive section above, some of the participants experienced more than one form of abuse. The forms of abuse were condensed into four main categories (oral/vaginal/anal intercourse, fondling/hugging/touching/kissing, attempted sexual or anal intercourse, most forms of abuse (a combination of more than one form) for the purpose of the analysis. Participants were asked to report only on fondling/hugging/touching and kissing experiences that felt sexual and unwanted.

Of the 95 (90.5%) participants falling within normal levels of general psychological adjustment, 66 (88.9%) reported oral sex, vaginal or anal intercourse abuse, 54 (91.5%) reported fondling, hugging, touching and kissing, 7 (87.5%) reported attempted oral sex, vaginal or anal intercourse abuse and 18 (90.5%) reported most forms of sexual abuse. Interestingly, 2 (1.9%) participants indicating severe levels of general psychological adjustment were those who had experienced fondling, hugging, touching and kissing and those who reported most forms of sexual abuse (see Table 22).

Form of Abuse		Total Psychological Adjustment			
		Normal	Mild	Moderate	Total
Oral sex, vaginal or anal intercourse	Count	16	2	0	18
	%	88.9%	11.1%	0.0%	100.0%
Fondling/hugging/touching/kissing	Count	54	4	1	59
	%	91.5%	6.8%	1.7%	100.0%
Attempted sexual or anal intercourse	Count	7	1	0	8
	%	87.5%	12.5%	0.0%	100.0%
Most forms of abuse	Count	18	1	1	20
	%	90.0%	5.0%	5.0%	100.0%
Total	Count	95	8	2	105
	%	90.5%	7.6%	1.9%	100.0%

**Table 22: Association between different forms of abuse and general psychological adjustment**

The majority of participants, that is, 10 (55.6%), who had experienced abusive oral sex, vaginal or anal intercourse, indicated normal levels of anti-social behaviour. Forty-seven (79.7%) who reported fondling, hugging, touching, and kissing, also indicated normal levels of anti-social behaviour. Also, 7 (87.5%) who experienced attempted sexual or anal abuse and 13 (65.0%) who reported most forms of abuse, indicated normal levels of anti-social behaviour. Surprisingly, 3 (5.1%) participants who experienced fondling/hugging/touching/kissing, 2 (11.1%) who reported abusive oral sex, vaginal or anal intercourse and 2 (10.0%) who reported most forms of sexual abuse fell within severe levels of anti-social behaviour (see Table 23).

Form of Abuse		Anti-Social Behaviour				
		Normal	Mild	Moderate	Severe	Total
Oral sex, vaginal or anal intercourse	Count	10	2	4	2	18
	%	55.6%	1.1%	22.2%	11.1%	100.0%
Fondling/hugging/touching/kissing	Count	47	5	4	3	59
	%	79.7%	8.5%	6.8%	5.1%	100.0%
Attempted sexual or anal intercourse	Count	7	0	1	0	8
	%	87.5%	0.0%	12.5%	0.0%	100.0%
Most forms of abuse	Count	13	2	3	2	20
	%	65.0%	10.0%	15.0%	10.0%	100.0%
Total	Count	77	9	12	7	105
	%	73.3%	8.6%	11.4%	6.7%	100.0%

**Table 23: Association between different forms of abuse and anti-social behaviour**

Normal levels of anger control are indicated in most participants who reported different forms of sexual abuse, i.e. 17 (94.4%) who reported anal or sexual abuse, 56 (94.4%) who experienced fondling/hugging/touching/kissing, 8 (100.0%) who reported attempted sexual or anal abuse and 19 (95.0%) who experienced most forms of sexual abuse. Only 1 (5.6%) participant who experienced abusive oral sex, vaginal or anal intercourse indicated severe levels of anger control difficulties (see Table 24).

Form of Abuse		Anger Control				
		Normal	Mild	Moderate	Severe	Total
Oral sex, vaginal or anal intercourse	Count	17	0	0	1	18
	%	94.4%	0.0%	0.0%	5.6%	100.0%
Fondling/hugging/touching/kissing	Count	56	2	1	0	59
	%	94.9%	3.4%	1.7%	0.0%	100.0%
Attempted sexual or anal intercourse	Count	8	0	0	0	8
	%	100.0%	0.0%	0.0%	0.0%	100.0%
Most forms of abuse	Count	19	0	1	0	20
	%	95.0%	0.0%	5.0%	0.0%	100.0%
Total	Count	100	2	2	1	105
	%	95.2%	1.9%	1.9%	1.0%	100.0%

**Table 24: Association between different forms of abuse and anger control**

Similarly, most participants, 16 (88.9%), with oral sex, vaginal or anal intercourse experiences, of whom 46 (78.0%) who reported fondling/hugging/touching/kissing, 6 (75.0%) who experienced attempted sexual or anal abuse and 18 (90.0%) who reported most forms of sexual abuse, indicated normal levels of emotional distress. Surprisingly, only 1 (5.6%) of those who reported anal or sexual abuse, 3 (5.1%) of those who reported fondling/hugging/touching/kissing and 1 (12.5%) of those who experienced attempted abusive oral sex, vaginal or anal intercourse fell within severe levels on the anger control subscale (see Table 25).

Form of Abuse		Emotional Distress				
		Normal	Mild	Moderate	Severe	Total
Oral sex, vaginal or anal intercourse	Count	16	0	1	1	18
	%	88.9%	0.0%	5.6%	5.6%	100.0%
Fondling/hugging/touching/kissing	Count	46	8	2	3	59
	%	78.0%	13.6%	3.4%	5.1%	100.0%
Attempted sexual or anal intercourse	Count	6	1	0	1	8
	%	75.0%	12.5%	0.0%	12.5%	100.0%
Most forms of abuse	Count	18	1	1	0	20
	%	90.0%	5.0%	5.0%	0.0%	100.0%
Total	Count	86	10	4	5	105
	%	81.9%	9.5%	3.8%	4.8%	100.0%

**Table 25: Association between different forms of abuse and emotional distress**

The majority of participants, 17 (94.4%), with the experience of oral, vaginal or anal intercourse, including 53 (89.8%) who reported fondling/hugging/touching and kissing indicated normal sense of positive self. Additionally, 7 (87.5%) participants who reported attempted sexual or anal abuse, and, 20 (100.0%) who experienced most forms of sexual abuse, fell within normal levels on the positive self subscale. Only 2 (3.4%) participants who reported fondling/hugging/touching and kissing fell within severely maladjusted levels of positive self subscale (see Table 26).

Form of Abuse		Positive Self				
		Normal	Mild	Moderate	Severe	Total
Oral sex, vaginal or	Count	17	0	1	0	18
anal intercourse	%	94.4%	0.0%	5.6%	0.0%	100.0%
Fondling/hugging/	Count	53	2	2	2	59
touching/kissing	%	89.8%	3.4%	3.4%	3.4%	100.0%
Attempted sexual	Count	7	1	0	0	20
or anal intercourse	%	87.5%	12.5%	0.0%	0.0%	100.0%
Most forms	Count	20	0	0	0	20
	%	100.0%	0.0%	0.0%	0.0%	100.0%
Total	Count	97	3	3	2	105
	%	92.4%	2.9%	2.9%	1.9%	100.0%

**Table 26: Association between different forms of abuse and sense of positive self**

The Chi-Square test results for the association between experiencing different forms of sexual abuse and general psychological adjustment at adolescence indicate a statically insignificant relationship. This suggests that there is no relationship between adolescent general psychological adjustment and history of different forms of sexual abuse (see Table 27).

Psychological Adjustment	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)
Total Psychological Adjustment	6	.889	.949
Anti-Social Behaviour	9	.618	.631
Anger Control	9	.541	.541
Emotional Distress	9	.720	.739
Positive Self	9	.656	.624

**Table 27: Chi-Square test for association between forms of sexual abuse and general psychological adjustment**

#### ***4.4.4.5. Relationship between characteristics of sexual abuse and psychological adjustment***

A crosstab was performed to establish a relationship between the different characteristics of abuse (age at time of abuse, age of perpetrator, survivor-perpetrator relationship, gender of perpetrator, involvement of force/threat, disclosure) and participants' psychological adjustment at adolescent phase of development.

##### ***4.4.4.5.1. Association between age at time of abuse and psychological adjustment***

The Chi-Square test results for the relationship between age abused and general psychological adjustment at adolescence indicate a statistically significant relationship (AdjT:  $p = .031$ , ED:  $p = .005$ , and PS:  $p = .001$ ). However, no statistically significant association is indicated between anti-social behaviour and anger control problems and age at time of abuse (AB:  $p = .464$ , AC:  $p = 0.54$ ) (see Table 28).

Psychological adjustment	Chi-Square Tests		
	Value	Df	Asymp. Sig. (2-sided)
Adjustment total (AdjT)	53.408	36	.031
Anti-social behaviour (AB)	33.067	33	.464
Anger control (AC)	36.048	24	0.54
Emotional distress (ED)	61.891	36	.005
Positive self (PS)	69.412	36	.001

**Table 28: Association between age abused and psychological adjustment**

##### ***4.4.4.5.2. Association between age of perpetrator and psychological adjustment***

The Chi-Square test results depicted in Table 29 indicate a statistically insignificant association between age of perpetrator and psychological adjustment problems of survivors.



Psychological adjustment	Chi-Square Tests		
	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)
Adjustment total (AdjT)	6	.859	.911
Anti-social behaviour (AB)	9	.866	.894
Anger control (AC)	9	.651	.640
Emotional distress (ED)	9	.481	.471
Positive self (PS)	9	.848	.895

**Table 29: Chi-Square test for age of perpetrator and psychological adjustment problems**

#### ***4.4.4.5.3. Association between survivor-perpetrator relationship and psychological adjustment***

The association between the child-abuser relationship variables and psychological adjustment problems in adolescents is shown in Tables 30 and 31. There seems to be no statistically significant association between survivor-perpetrator relationship and the adolescent's total psychological adjustment except where the perpetrator is a step-parent.

Adjustment total	Chi-Square Tests		
	Value	Df	Asymp. Sig. (2-sided)
<b>Stranger</b>	1.496	3	.683
<b>Friend</b>	3.418	3	.332
<b>Parent's friend</b>	3.060	3	.382
<b>Older sibling</b>	1.723	3	.632
<b>Biological parent</b>	.611	3	.894
<b>Step-parent</b>	12.579	3	.006
<b>Uncle/aunt</b>	.151	3	.985
<b>Cousin</b>	.965	3	.810

**Table 30: Chi-Square tests for survivor perpetrator relationship and psychological adjustment total**

The Chi-Square test results shown in Table 31 indicate a statistically significant relationship between survivor-perpetrator relationship and adjustment total ( $p=.006<0.05$ ) and sense of positive self ( $p=.001<0.05$ ), when the perpetrator is a step-parent. Therefore, adolescents abused by step-parents appear more likely to have psychological adjustment problems generally and particularly with regards to a sense of positive self. There are probably related issues that contribute to this difficulty in terms of their general adjustment to the step-parent, but these were not assessed in this study.

Psychological adjustment	Chi-Square Tests		
	Value	Df	Asymp. Sig. (2-sided)
Adjustment total	12.579	3	.006
Anti-social behaviour	7.356	3	.061
Anger control	.197	3	.978
Emotional distress	7.821	3	.050
Positive self	16.854	3	.001

**Table 31: Chi-Square tests for abuse by step-parent and psychological adjustment**

#### ***4.4.4.5.4. Association between gender of perpetrator and psychological adjustment***

Chi-Square test results indicate that there is no statistically significant relationship between gender of perpetrator and psychological adjustment (see Table 32). The result remained similar when the analysis controlled for age.

Psychological adjustment	Chi-Square Tests		
	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)
Adjustment total	2	.164	.163
Anti-social behaviour	3	.271	.306
Anger control	3	.671	.707
Emotional distress	3	.222	.226
Positive self	3	.225	.278

**Table 32: Chi-Square tests for gender of perpetrator and psychological adjustment problems**

#### ***4.4.4.5.5. Association between use of threat, force or violence and psychological adjustment***

The Chi-Square test results for the association between the use of force, threat or violence and psychological adjustment in sexually abused adolescents suggest a negative relationship. There does not seem to be a statistically significant association between the different forms of threat, force or violence and psychological adjustment in adolescents.

Force/threat used	Chi-Square Tests		
	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)
Verbal threat	3	.385	.316
Verbal threat of bodily harm	3	.811	.507
Extreme threat of bodily harm	3	.412	.351
No threat or force or violence	3	.551	.541
Pushed or held down	3	.728	.667
Beaten, punched, kicked, slapped or choked	3	.728	.731
Physical force	3	.531	.529

**Table 33: Chi-Square tests for use of force/threat/violence and total psychological adjustment**

#### ***4.4.4.5.6. Association between frequency of abuse and total psychological adjustment***

The distribution of participants who were abused once and repeatedly and their psychological adjustment level on the RAASI is depicted in Table 34. Forty (87.0%) participants who reported “once off” sexual abuse indicated normal general psychological adjustment, while 5 (10.9%) indicated mild and 1 (2.2%) indicated a moderate level of total psychological adjustment.

Interestingly, of the 31 participants who reported they were repeatedly sexually abuse, 29 (93.5%) indicated a normal level of adjustment total, with 1 (3.2%) showing a mild level of adjustment and 1 (3.2%) indicating a moderate level of total adjustment.

Frequency of abuse	Total Psychological Adjustment			
	Normal	Mild	Moderate	Total
<b>Once</b>				
Count	40	5	1	46
% within frequency of abuse	87.0%	10.9%	2.2%	100.0%
<b>Repeatedly</b>				
Count	29	1	1	31
% within frequency of abuse	93.5%	3.2%	3.2%	100.0%
<b>Total</b>				
Count	69	6	2	77
% within frequency of abuse	89.6%	7.8%	2.6%	100.0%

**Table 34: Association between frequency of abuse and total psychological adjustment**

#### ***4.4.4.5.7. Association between disclosure and psychological adjustment***

The association between people disclosed to and psychological adjustment is shown in Table 35. Most (n = 104; 89.7%) of the 116 participants who responded to the question “who did you tell about this experience” indicated a normal level of general psychological adjustment, including those who reported that they had not told anyone and those who did not specify to whom they disclosed the abuse.

Person disclosed to	Total Psychological Adjustment				
	Normal	Mild	Moderate	Severe	Total
Not disclosed	42	4	2	0	48
Parent/Guardian	20	0	0	0	20
Friend	32	4	0	0	36
Sibling	10	0	0	0	10
Other	0	0	1	1	7
Total	104	8	3	1	116

**Table 35: Association between person/s disclosed to and total psychological adjustment**

The Chi-Square test results for association between time of disclosure of sexual abuse and sense of positive self indicate a statistically significant association between time of disclosure and sense of positive self ( $p=.013$ ) (see table 36). This suggests that participants who kept the sexual abuse secret and disclosed much later are likely to experience more problems with maintaining a sense of positive self at adolescence.

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	28.627	9	.001	.013		
Likelihood Ratio	16.824	9	.052	.026		
Fisher's Exact Test	17.436			.015		
Linear-by-Linear Association	9.365	1	.002	.004	.004	.001
N of valid cases	119					

**Table 36: Chi-Square for time of disclosure and sense of positive self**

Of the 11 participants who reported that they received professional counselling following the sexual abuse, 9 (81.8%) indicated a normal level of total psychological adjustment while 1 (9.1%) indicated a mild level of adjustment total, with the remaining 1 (9.1%) indicating a moderate level of psychological adjustment (see Table 37).

Total Psychological Adjustment		Accessed Professional Counselling Services		
		Yes	No	Total
Normal	Count	9	74	83
	% within accessed professional help	81.8%	91.4%	90.2%
Mild	Count	1	5	6
	% within accessed professional help	9.1%	6.2%	6.5%
Moderate	Count	1	2	3
	% within accessed professional help	9.1%	2.5%	3.3%
Severe	Count	0	0	0
	% within accessed professional help	0.0%	0.0%	0.0%
Total	Count	11	82	92
	% within accessed professional help	100.0%	100.0%	100.0%

**Table 37: Association between access to professional counselling service and total psychological adjustment**

Whereas there was no statistically significant association between the involvement of police and total psychological problems, it appears that participants who reported sexual abuse to the police show higher levels of problems on the anti-social behaviour subscale than those who had not reported to the police at all. There seems to be a statistically significant association between interface with the legal system and anti-social behaviour problems at adolescence ( $p=.029<0.05$ ) (see Table 38).

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	9.050	3	.029	.023		
Likelihood Ratio	8.502	3	.037	.052		
Fisher's Exact Test	8.715			.018		
Linear-by-Linear Association	4.183	1	.041	.051	.033	.015
N of valid cases	6					

**Table 38: Chi-Square for involvement of police and anti-social behaviour problems**

The association between feeling betrayed by the abuser and total psychological adjustment in adolescents is shown in Table 39.

Feelings of betrayal		Total Psychological Adjustment			
		Normal	Mild	Moderate	Severe
Not at all	Count	25	2	0	0
	% within feelings of betrayal	92.6%	7.4%	0.0%	0.0%
A little	Count	15	1	0	0
	% within feelings of betrayal	93.8%	6.3%	0.0%	0.0%
A fair amount	Count	7	1	0	0
	% within feelings of betrayal	87.5%	12.5%	0.0%	0.0%
Quite a lot	Count	12	1	0	0
	% within feelings of betrayal	92.3%	7.7%	0.0%	0.0%
Very much so	Count	35	3	2	0
	% within feelings of betrayal	87.5%	7.5%	5.0%	0.0%
Does not apply	Count	189	21	7	5
	% within feelings of betrayal	85.1%	9.5%	2.1%	1.5%
Total	Count	283	29	9	5
	% within feelings of betrayal	86.8%	8.9%	2.8%	1.5%

**Table: 39 Association feelings of betrayal and total psychological adjustment**

## 5. Summary of Results

This chapter has presented the findings of this study. It has looked at different dimensions of child sexual abuse as reported by the adolescent participants. Furthermore, it has attempted to explore and demonstrate the relationship between some of the dimensions of sexual abuse and psychological adjustment during adolescence. The significant results that emerged include:

- There is a significantly high prevalence rate (57.6%) of CSA within this sample.
- Females are more likely than males to be sexually abused.

- There is a high prevalence rate of sexual abuse reported by adolescents in the age group 14–16 years.
- There is a significantly lower prevalence rate of CSA reported by the 17–18 age group of sample.
- The highest percentage of adolescents (59%) who reported a history of sexual abuse lived with their mother only.
- The age of onset of the abuse among the sample was mainly 6–12 years (51%).
- Peers were the most commonly reported perpetrators (35%).
- While males are reportedly the main perpetrators, the sample reported a significantly high number of female perpetrators (48%).
- Although violence remains an integral part of sexual abuse of children, a large number of children are coerced into sexually abusive activities.
- A significant number (75.8%) of sexually abused children do not report abuse.
- A significantly high number (88%) of abused participants did not receive any professional counselling.
- Peers play a major role as sources of help for adolescents who have been sexually abused.
- There was a significant relationship between sexual abuse and anti-social behaviour problems in boys.
- There was a significant relationship between the age at which the child is sexually abused and general psychological adjustment problems at adolescence.
- There was a significant relationship between being abused by a step-parent and psychological adjustment problems in adolescents, including the sense of positive self.
- Adolescents who kept the abuse a secret for longer, indicated problems with maintaining a sense of positive self.
- There was a statistically significant relationship between interface with police, in the aftermath of abuse and anti-social behaviour problems at adolescence

All other results were found to be statistically insignificant in this study.



## CHAPTER 5

### DISCUSSION

#### 5.1. Introduction

This study explored the prevalence of child sexual abuse among black adolescents as well as exploring the relationship between a history of sexual abuse and negative outcomes at adolescence. The results of the current study, although focused on a specific race group, expand the pool of knowledge on the prevalence and effects of child sexual abuse on adolescents. Like earlier studies of children and adults (Levett, 1989; Collings, 1997), this study shows a somewhat unclear relationship between sexual abuse history and psychological adjustment or maladjustment in adolescents. The discussion will first explore the description of the sample and then the implications of the inferential statistics. As indicated in Chapter 2, the traumagenic, the developmental and ecological systems models are used as the analytical frameworks.

#### 5.2. Demographics

The study's attempt to explore child sexual abuse prevalence and its related effects in black adolescents yielded a sample characterised by a majority (63.9%) of females, indicating under-representation of males in the sample. The mean age of the sample was 14.69 years. The age range of participants was 14 to 18 years. The adolescent age range composition of the sample differs slightly from age ranges outlined in literature. Greig, Taylor, and Mackay (2007) suggest the adolescent phase ranges between ages 10–20 years, and further categorise these into three developmental stages 10–14 years, 15–17 years, and 18–20 years. For the current study, Grade 9 learners were identified as representative of the adolescent spectrum in terms of age. Therefore, participants are categorised purely as adolescents, without any stage differentiation. Since the study focused specifically on black South African adolescents, the whole sample identified itself as black. Participants were not asked to indicate their ethnicity.

The present data indicates that approximately 50% (48.8%) of adolescents are being raised within traditional two-parent households. These findings are consistent with Wittenberg and Collinson's (2007) study in which they found that traditional forms of household organisation, particularly among African people, still prevail in rural South Africa, despite the HIV/AIDS epidemic. This may indicate the persistent African communal patterns of living in rural and semi-rural areas, where children who have lost parents may be cared for by the extended family. However, single-parent households seem to be on the rise and account for almost one-third of families in the study. There is a significant difference in numbers of "mother only" (29.7%) and "father only" (3.6%) households. Whilst grandparents generally assume the role of primary caregiver if the mother is unavailable, this seems to be the case for only a small (8.5%) number of children in the study. Only a fraction of children were living with siblings only or in institutional care. These findings seem to be inconsistent with current assumptions of widespread child-headed households and large numbers of children being raised by grandparents. Of course, children living in child-headed households may not be attending schools. Some researchers suggest that whilst there is a growing number of orphans, as a result of HIV/AIDS (Bray, 2003; Idoniboye, 2008), child-headed households are not as prevalent as purported to be.

### **5.3. Inferential Statistics**

The discussion first explores what the findings suggest regarding issues of prevalence. The patterns of sexual abuse are then discussed. Finally, the effects of sexual abuse at the adolescent phase of development are explored.

### **5.3.1. Prevalence**

There are major challenges in estimating the prevalence rates of child sexual abuse among adolescents in the general population. Besides the scarcity of studies in the literature that actually focus on experiences of sexual abuse at adolescence, estimates in available literature vary widely. Problems with approximation seem to be associated with variations in samples, definitions and measurement tools used, methodologies, as well as with under-reporting (Finkelhor, 1994; Russell, 1983; Saewyc, Pettingell, & Magee, 2003; Finkelhor, 1986). Hence, child sexual abuse literature reveals a wide range of prevalence rates.

The results of this study indicate a high prevalence rate of 57.6%, which is consistent with Madu and Peltzer's (2001) study in which a 54.2% prevalence rate was found in a sample of secondary school learners, i.e. adolescents. These findings are significantly high compared to most South African based studies, yet are consistent with some international studies. For example, Finkelhor (1994) and Holmes and Slap (1998, as cited in Saewyc *et al.*, 2003) found prevalence rates of between 3% and 76% respectively among children. Conversely, Saewyc *et al.* (2003) reports that the Minnesota Student Survey, which included girls and boys (Grade 9 to Grade 12), reported a 10.5% sexual abuse prevalence rate in 1992 and 8.6% rate in 1998.

The South African studies reflect significantly varying prevalence rates such as 43.6% in Levett (1989), 34.8% in Collings (1997), 25.6% in Madu (2001) and 54.2% in Madu & Peltzer (2001). Some of the variances may be attributed to definitional issues and choice of samples used (adult versus children, race distribution and gender of participants). For example, Levett and Collings used a broad definition of sexual abuse including contact and non-contact forms of sexual abuse, whereas Madu (2001) used a narrower definition involving only contact forms of sexual abuse. Interestingly, although Madu and Peltzer (2001) utilised a narrow definition of sexual abuse, their findings indicate higher prevalence rates than those found in Levett & Collings. This difference may suggest that

there are other factors at play in prevalence rates. For example, Collings, Levett and Madu drew samples from university students, who, according to South African history, could have been mainly white and over the age of 18 years.

The current study, and that of Madu and Peltzer (2001), shares two similarities. Firstly, both drew samples from high school learners with a mean age of below 19 years. Whilst retrospective studies have been widely used, some scholars have noted the susceptibility of older survivors to forget earlier experiences and hence under-report (Briere, 1992). Additionally, the majority (81.1%) of the participants in Madu and Peltzer (2001) were black, with 75.8% living in rural and semi-urban areas. Participants in the current study came from rural and semi-urban areas, with some in boarding school facilities and therefore living away from parental protection and guidance which potentially exposes them to risky situations for sexual abuse. Lastly, both studies involved male and female respondents.

The findings of the current study provide evidence of a relatively high CSA prevalence rate among black adolescents. The fact that a broad definition of CSA was used in the current study, similar to another SA study of adolescence (Madu & Peltzer, 2001) is unlikely to be a function of definitional issue. Furthermore, it is likely that the study was conducted during a “historical time”, i.e. during a time when sexual abuse has been widely publicised in media. A third possible explanation for the present findings may be the fact that prevalence rates for child sexual abuse are significantly high among black South African adolescents

Prevalence rates are inextricably linked to various factors such as individual features and family background. The interplay between prevalence and factors of gender, age, household composition and risky behaviour will be discussed.

#### ***5.3.1.1. Association between prevalence and gender***

The findings, in this study, of a higher (62.1%) prevalence rate for girls compared to (49.6%) for boys are consistent with the current trend for girls, but are relatively lower for boys. Numerous international studies have found prevalence rates ranging between 6% and 69% for girls and 3% and 76% for boys (Finkelhor, 1985; Finkelhor, 1994; Holmes & Slap, 1998, as cited in Saewyc *et al.*, 2003). Interestingly, in their South African study, Madu and Peltzer (2001) found a higher (60%) prevalence rate for boys compared to girls (53.2%).

Although boys were under-represented in the current data, the higher prevalence rate for girls seems to confirm the trend of women's vulnerability. In South Africa, as in other developing countries, this may be a reflection of women's status in society. Women and children, compared to men, have less power and therefore are easier targets for maltreatment (Townsend & Dawes, 2004; Saewyc *et al.*, 2003). Gender inequalities represent an apt case of socio-cultural influences on sexual abuse etiology.

Feminist theory suggests there is a clear link between the prevalence of unequal gender powers in patriarchal societies and sexual abuse of women and children (Townsend & Dawes, 2004). According to the feminist perspective, men and women are socialised into unequal gender powers, with men being given "ownership" rights over women and children. This, in turn, manifests in widespread subjugation of women across all sectors of society. In support of this position, the Human Rights Watch (2001) reported widespread sexual abuse of girls by both male teachers and learners in South African schools. The role of socio-cultural influences in the perpetuation of sexual abuse of women and children therefore seems to be situated in gender role socialisation (Townsend & Dawes, 2004). However, the feminist perspective fails to explain child sexual abuse perpetrated by women. This phenomenon was reported in 65 cases within the current sample.

The relatively higher prevalence rate among males in the current study can possibly be attributed to an increased awareness of sexual abuse issues in the younger generation of

males. There is an obvious paucity of studies on male sexual abuse survivors compared to females. Bagley and Thurston (1996) attribute this to a general shunning of male sexual abuse by researchers. The shunning may not be deliberate among scholars and practitioners but possibly a function of socialisation. Men are generally perceived as initiators of sexual encounters. Furthermore, men are generally the aggressors and therefore it may be more difficult to view them as victims of sexual abuse. This however does not mean that many boys are sexually abused as 59 (49.6%) boys reported sexual abuse in the current sample.

While research has confirmed the potential for traumatic impact of abuse across the gender spectrum, some reports on male attributions of sexual abuse may have minimised the negative outcomes for boys. For example, findings from Fischer's (1991) study of college students in USA indicate that 28% of male compared to 5% of female sexual abuse survivors reported finding the sexual encounter pleasurable. Furthermore, it may be a reasonable assumption that boys are more reluctant to admit to being sexually abused probably due to socialisation. Finkelhor (1985) suggests that boys are more prone to keep silent about abuse due to being socialised into believing that boys are self-reliant and expected to keep silent about trauma. Some boys may maintain the silence in attempts to avoid the stigma of being labelled a homosexual (Ibid).

#### ***5.3.1.2. Association between sexual abuse and age***

The current results on the age distribution of abused participants indicate that the 15 year old age group was most likely to report sexual abuse experiences. Interestingly, the older the teenager, the less likely they are to report sexual abuse ("several European studies of adolescents indicate less sexual victimization in adolescence but more voluntary consensual relationships with older people", Bagley & Thurston, 1996). According to Erikson's eight stages of development, it is in adolescence that young people establish an individual identity (Schafer, 2006). Therefore, the older adolescents may, at this point, be at a critical juncture of their lives in terms of identity formation. They may choose to

disown the painful experiences of abuse by not integrating these with their emerging identities.

It is plausible that in a quest to define their identities, an older adolescents may opt not to identify themselves with the group of “sexual abuse victims”. According to Erikson’s stages of development, adolescents are more concerned about how they are perceived by others than about how they really are (Kaplan & Saddock, 2003). Furthermore, it is possible that not acknowledging the abuse experience may be an attempt to avoid the self-stigma of being different from peers. As aptly put by Winkley (1996), “Erikson defines identity as a conscious sense of individual uniqueness” (p.85). The pattern of non-reporting among adolescents is supported in Higson-Smith, Lamprecht, and Jacklin’s (2004) analysis that the adolescent age group is the least represented age group at three different Teddy Bear clinic sites for sexually abused children.

#### ***5.3.1.3. Association between sexual abuse and risk behaviour***

The findings of the current study suggest that sexually abused participants are more likely to engage in risky behaviour post-abuse compared to non-abused participants. One of the traumatic effects of childhood sexual abuse is the impairment of ability to judge risky situations which invariably predispose adolescents with a history of childhood sexual abuse to risky behaviour and revictimisation (Browne & Finkelhor, 1986).

#### ***5.3.1.4. Association between sexual abuse and household composition***

The current study suggests that children living with fathers only, foster parents and adoptive parents are more likely to have been sexually abused. Ten (83%) participants living with fathers, 4 (80%) living with foster parents and 3 (75%) living with adoptive parents reported sexual abuse. It is unknown whether foster and adoptive parent homes were single or dual parent homes as the questionnaire did not allow for this specification. However, McWhitter *et al.* (2007) suggests that children from single-parent homes are

more vulnerable. Furthermore, mothers are often the primary caregivers, and in their absence, supervisory and other needs for care may not be adequately met (Ibid). Bagley and Mallick (2000) assert that multiple parent partnerships place children at elevated risks of various kinds of abuse.

Furthermore, numerous researchers suggest that family background is a critical element in various aspects of child sexual abuse (Fromuth, 1986; Madu, 2001; Furniss, 1991; Bentovim, 1992; Maddona, Van Scoyk & Jones, 1991 in Jones & Ramchandani, 1999). In support, Bagley and Thurston (1996) observe that there is statistical trend for higher sexual abuse incidence in economically poor families. Miller-Perrin and Perrin (1999), state that family characteristics contributing to abuse within the family context include living without one's natural parents for extended periods and having a mother who is employed outside the home.

The analysis in this study focused only on some of the factors which may affect outcome of CSA; for example, age of perpetrator, survivor, use of force, coercion, once-off abuse versus repeated abuse, relationship to perpetrator, disclosure and support at disclosure. In general the findings are consistent with the established literature with the exception of van Niekerk (2003) in relation to average age of abuse onset and Bagley and Thurston (1996) with respect to disclosure rates.

### ***5.3.2. Forms and Characteristics of Abuse***

The current study defines sexually abusive experiences as those with both older abusers and coerced sexual experiences with peers involving contact and non-contact with sexual parts of the body. Force and coercion could be verbal pressure or physical force.

#### ***5.3.2.1. Age of survivor***

The results of the current study indicate that the majority of adolescents (51%) were abused between 6–12 years of age, while 42.8% of them were abused during the



adolescent years. These findings suggest that the primary school-going age children are more vulnerable to sexual abuse than high school children. Similarly, Finkelhor (1994) concludes, based on summarised data from 19 United States retrospective studies, that children are most vulnerable to sexual abuse between the ages of 7 and 13 years.

Yet, van Nierkerk's (2003) report estimated a drop in the average age of sexually abused children in South Africa from between 10 and 12 years in 1991 to under the age of seven in 2003. Available results on age at onset of sexual abuse are fraught with discrepancies. For example, Collings's (1997) study of university women found 27% of participants were abused between the ages 12–14 years.

It is hard to understand from available studies what exactly contributes to vulnerability at different ages. While research has not supported this, the “virgin cleansing myth” has been associated with the sexual abuse of younger children in South Africa. According to Pitcher and Bowley (2002, in Richter *et al.*, 2004), the myth involves a belief that exchanging bodily sexual fluids with a virgin and young girls has protective and curative powers against HIV/AIDS. The attributions of sexual abuse to the virgin cleansing myth seem to have been in part, a result of unusually frequent reports of baby rapes at a particular time and the high profile that was given these incidents in the media.

#### ***5.3.2.2. Age of perpetrator***

The results indicated that the majority of perpetrators (43%) were adolescents, 29% of which were adults and 19.3% in the young adulthood phase of development. This suggests that child-on-child sexual abuse is pervasive in the sample. These findings are consistent with international and local trends. In a United States 3-year study involving 13–19 year olds, Ageton (1983) found that most adolescents were abused by their peers. The abuse seemed to reduce as the boys matured over a period of three years. Similarly in South Africa, Collings (1997) reported that 34.5% of perpetrators in a study of university students were under the age of 17. Additionally, van Niekerk's (2003) paper reported that in 2002, 43% of all cases of sexual abuse reported to Childline Centres nationally involved perpetrators under the age of 18 years.

However, literature on child-on-child sexual abuse is currently limited; consequently there is limited theory to draw from for a better understanding of child and adolescent sexually abusive behaviour (Kriel, 2001). It has been argued that child perpetrated sexual abuse has been minimised and not taken seriously. Mason (1995, as cited in Kriel, 2001) suggests that this has been the function of society's general discomfort about acknowledging sexual abuse in general. Bagley and Thurston (1996) offer summaries of 500 key studies, some of which pertain to adolescent victims and abusers. It should be noted that these summaries focused mainly on male perpetrated abuse.

Ageton (2003) suggests that adolescents are mostly abused by their peers in date settings. This is an example of the microsystemic influences existing in the child's environment. Recent reports on school-based violence and sexual abuse of children in schools in South Africa underscores prevalence of child perpetrated sexual abuse (HRW, 2001). However, boys are not the only perpetrators in schools. Ageton (2003) suggests that engaging in delinquent behaviour, generally a group activity, places adolescents at a higher risk of sexual abuse within peer contexts (Ibid). Additionally, evidence of female students being coerced, by male students and teachers, into exchanging sexual favours for better grades and other school materials have been noted in literature (Taylor and Conrad, 2008); Leach, 2001). Other methods of force or coercion include getting the female inebriated or high on drugs (Ageton, 2003). This suggests a need for education strategies targeting young males on the seriousness and impact of forced sexual relationships, as well as educating young women of the dangers of substance intoxication in relation to sexual risk. Furthermore, parental guidance with regards to a child's quality of social circles is advocated (Ibid). Sexuality education in schools could also empower young people with skills on healthy sexual expressions.

#### ***5.3.2.3. Abuser-abused relationship***

The survivor-perpetrator relationship can be classified into three categories, (i) family, (ii) friends/acquaintances, or (iii) strangers. Previous studies indicate that sexual abuse is

mostly perpetrated by people who are known to the child (Russell, 1983; Finkelhor, 1994). Findings in the current study confirm this: 90% of the perpetrators were people related and/or known to the survivor, with peers constituting 40% of this group. This is consistent with other South African studies. Collings (1997) reported that acquaintances accounted for 40.4% of perpetrators, while 44.6% of perpetrators in Madu and Peltzer (2001) were peers. As discussed in the previous section, it is probably the case that abuse by other adolescents seems to take place within dating relationships. This has interesting and challenging implications for prevention programmes aimed at adolescents.

The widespread belief that females are more accessible to biological fathers than to stepfathers (Russell, 2003) is neither confirmed nor disconfirmed by current findings. Three point three percent of the participants reported abuse by a biological parent and 2.2% by a step-parent in this study. According to Bagley and Thurston (1996), girls are most often victims of intra-familial abuse while boys are usually assaulted by someone other than a member of the family (Finkelhor, 1994). It should be noted that the studies reviewed by Bagley and Thurston (1996) were conducted with children from different contexts to that of the current study. Behaviour is usually situated within a context; for example, children in this study came from previously disadvantaged families, characterised by absent fathers, disruptions of traditional family system, and pervasive social ills.

Vermeulen and Fouche (2006) attribute sexual abuse of children by non-family members to a parent's lack of judgement or inadequate supervision of children. Townsend and Dawes (2004) point to the interrelationship between economic privation, violence and perpetration of abuse against children.

#### ***5.3.2.4. Gender of perpetrators***

In agreement with numerous studies, the analysis of the current findings indicates that females are taking an increasingly active role in sexual abuse of children. Johnson and Shrier (1987) suggest this is a common occurrence. In agreement, Finkelhor (1994)

maintains that boys are more likely to be abused by females than are girls. Interestingly, Russell (1983), whilst conducting a female-only study, argued that females are more likely to be perpetrators of male sexual abuse. Furthermore, whilst a large majority of females were noted to be abused by males in the 500 studies reviewed by Bagley and Thurston (1996), more than 20% of male child abusers were females – this, however, does not constitute a majority finding. Additionally, a USA study of college and university students found that females accounted for 43% of perpetrators in the sexual abuse of young boys (Rislin & Koss, 1987). There is a need for more research focusing on both genders in order to shed light on the issue of female abusers, and thereby inform better understanding of this problem.

#### **5.3.2.5. Force and coercion**

The majority (78%) of participants indicated that some form of force was used by perpetrators. These findings confirm Drieschner and Lange's (1999, as cited in Richter & Higson-Smith, 2004) statement that sexual abuse is in essence an exercise of power. The extent of physical force that has been exerted during the sexual abuse and associated damage is often relative to the child's age and amount of resistance from the child (Dawes *et al.*, 2004). For example, they stated that the younger the child, the more extreme the physical force from the perpetrator is likely to be as the perpetrator would be concerned about subduing the child (Ibid). Infant and child rape does not only lead to psychological trauma but often culminates in gruesome physical trauma and sometimes death. In terms of the geographic context within which this study was completed, the local newspaper, the *Natal Witness* carried three stories of incidences of rape and subsequent death of infants over the period between 2002 and 2003 (Ibid).

Interestingly, coercion is the most common form of force used by perpetrators in the current study. This seems to correspond to pervasiveness of peer-to-peer abuse. In addition, there is a growing body of evidence relating to sexual exploitation of girls in schools. Schools are reported to be breeding grounds for sexual violence and exploitation

of female learners. Girls can endure coercion into giving sexual favours in exchange for reduced school fees and better grades (Taylor & Conrad, 2008).

#### ***5.3.2.6. Duration and Frequency of abuse***

The results suggest that the majority (57%) of children experienced singular event abuse. However, 29.1% respondents endured repeated abuse of up to five times. These findings are consistent with Collings's (1991), who reported 56.1% one-time only experiences and 29.6% repeated abuse of up to 5 times in a sample of South African women students.

#### ***5.3.2.7. Disclosure***

The results suggest that generally, children will disclose the abuse. In agreement with Collings's (1991) study of 54% disclosure rate, a comparatively high number (57.9%) of adolescents in the current study indicated that they had disclosed the abuse. Conversely, less than 10% of children in the studies reviewed by Bagley and Thurston (1996), in the USA and Canada, reported that they had disclosed the abuse. Perception of the value of the disclosure was high among the sample, with 42.9% of participants indicating it was extremely helpful to disclose. However, children's perceptions of responses if they were to disclose were negative in that they would be scared to disclose (68%) or feared they would be disbelieved if they disclosed. Despite a reasonable high disclosure rate among the current sample, national education programmes that alert parents to signs that a child may be sexually abused, as well as equip children with strategies on how to talk to a responsible trusted adult, are urgently needed.

#### ***5.3.3. Help-seeking Behaviours***

Another factor that influences the effect of abuse is help-seeking behaviour which includes access to helping resources and the response from these resources to the abuse, and to the victim.

The current study focused on access to two forms of professional services: counselling and legal services.

#### ***5.3.3.1. Access to legal help***

There seems to be a culture of legal non-reporting of sexual abuse in the study. Only a few (24.2%) adolescents reported the abuse to the police. Unfortunately, none of the comparative studies reported on legal involvement. Non-reporting is seemingly not due to lack of desire to report. Thirty-three point nine percent of adolescents indicated that if they had to choose who to report to, they would have chosen the police. The public perception of the ineffectiveness of the common law and the statutory law in South Africa, seems to be responsible for lack of trust in the legal system, manifesting in difficulty for survivors of sexual offences to report cases. Before the new Children's Act Amendment Bill of 2005, legal definitions of sexual offences (for example, rape,) excluded penetration of males. This suggested that the act was gender biased and therefore discriminating (Spies, 2006) and could have been a possible deterrent to reporting for male survivors in the past.

#### ***5.3.3.2. Access to counselling services***

While only a meagre 12% of abused participants received professional counselling services, 63.3% indicated that they would have preferred to receive professional counselling following the abuse. This signifies major shortcomings in the provision of professional services to sexually abused children in South Africa. Furthermore, access to professional services is only possible in instances where abuse is disclosed or discovered. The perceived nature of professional counselling services was not explored but would have been a useful area of investigation, given the lack of understanding *vis-à-vis* psychological services amongst previously disadvantaged population groups.

## 5.4. Effects of Sexual Abuse

The extent of psychological maladjustment in sexual abuse survivors still eludes researchers. Saewyc *et al.* (2003) maintain that childhood sexual abuse constitutes a developmental stressor in children and adolescents, and as such can have psychosocial impacts. There is ample clinical and empirical evidence in literature confirming the potential for devastating psychological problems in survivors of childhood sexual abuse (Browne & Finkelhor, 1986; Luster & Small, 1997; Killian & Brakash, 2004). For example, Tufts (1984, as cited in Browne & Finkelhor, 1986) concluded that between 20% and 40% of sexually abused children showed clinically significant psychological dysfunctions.

Most of the literature has focused on the long-term effects that manifest during adulthood (Finkelhor, 1994; Gomes-Schwartz, Horowitz, & Cardarelli, 1990). Furthermore, the picture of effects is a complex one. The effects will be determined by the interplay between multiple factors such as – nature of abuse, nature of relationship prior to the abuse, the interplay between risk and resilience factors both within the child and within the family system, how the family reacts and supports (or does not support) the child who is abused, and all this is situated in the broader socio-economic context. For adolescents struggling with other socio-economic and political issues, the psychological impacts can be intensified. In agreement, Saewyc *et al.* (2003) state that childhood sexual abuse constitutes a developmental stressor in children and adolescents, and as such can have psychosocial impacts.

In discussing the findings on effects, the researcher has noted the contrasts and similarities from available related studies. It should be noted that these studies may differ from the current study in many respects. These include differences in populations of abused children and measurement tools for maladjustment. These studies are hereby used mainly as a guide towards understanding the impacts of sexual abuse on children.

### ***5.4.1. Association between Sexual Abuse Variable and Psychological Adjustment Problems***

In the study, there is no significant difference between sexually abused adolescents and those without history of abuse on the general psychological adjustment scale. Specifically, the abused group showed normal adjustment whilst the non-abused group indicated mild and moderate general psychological adjustment problems. Furthermore, there is no statistically significant relationship between sexual abuse and psychological adjustments as measured on the four RAASI subscales, i.e. anti-social behaviour, anger control, emotional distress and sense of self. The lack of statistical significance of the relationship between the sexual abuse and psychological adjustment is interesting in light of significantly moderate reliability coefficient results (discussed in section 4.4.4.1), of the RAASI. It should be noted that the generalisability of these results is limited due to the fact that the study sample was not randomised.

This study found very little literature on psychological adjustment in the aftermath of sexual abuse, specifically at the adolescent phase of development. This therefore makes it difficult to discuss the results of the study with reference to literature. However, the existing literature on the relationship between child sexual abuse and psychological adjustment at adolescence is equivocal. It should be noted that cited empirical studies have used different measurement tools, some standardised, some not, and have made comparisons between participants' scores and those of the general population. The following discussion of the empirical studies has been arranged according to the four RAASI subscales as used in the current study. Additionally, Luster and Small (1997) maintain that the severity of negative effects of child sexual abuse differs between survivors depending on co-morbidity with other types of abuse.

#### ***Anti-social behaviour***

Herman (1981, in Browne & Finkelhor, 1986) reports that 33% of sexually abused children showed features of anti-social behaviour at adolescence – for example, running away from home – compared to only 5% of the comparison group. This finding is supported by Meiselmel's (1978, cited in Browne & Finkelhor, 1986) study which



reported 50% of sexually abused children ran away from home in adolescence compared to 20% of comparison groups. Furthermore, Bergen *et al.* (2004) found a significant association between sexual abuse and anti-social behaviour in a sample of adolescent boys. Sexually abused boys in the above study met the DSM-IV requirements for conduct disorder, i.e. self report of three or more of the identified activities.

Interestingly, there was no significant difference in antisocial behaviour problems between abused and non-abused participants in the current data, although the gender discrepancy will be discussed below in section 5.4.2 in that sexually abused boys were more likely to exhibit anti-social behaviours. This may be an indication of two factors; (i) resiliency of respondents, and (ii) similarities between the negative impacts of sexual abuse and those of other traumatic experiences. Runtz and Briere (1986) also found that amongst other behaviours, running away, drug and alcohol abuse, sexual intercourse, and suicide attempts (all elements of antisocial behaviour) did not discriminate between abused and non-abused groups. It is likely that sexually abused adolescents who engaged in more extreme anti-social behaviours subsequently ended up in jail, dropped out of school, or became permanent street children, resulting in their exclusion from the education system (Ibid). Therefore, it is a probability that this group of troubled adolescents may be under-represented in the current study.

### ***Anger control***

The Tufts (1984, as cited in Hartman & Burgess, 1989) study found significantly high rates of anger and hostility in 50% of sexually abused children when compared to a normal control group. However, few adolescents in this study indicated severe psychological maladjustment (Browne & Finkelhor, 1986).

### ***Emotional distress***

De Frances (1969, cited in Browne & Finkelhor, 1986) reported that only 24% of the sexually abused children in his study were found to be emotionally stable; 66% of them were emotionally disturbed by the abuse. Furthermore, he reported anti-social behaviour problems in 55% of sexually abused children. Although the sample in De Frances's

study was drawn from court cases, it has similar characteristics to the present study: the participants came mainly from low income and multi-problem families. When sexual abuse is co-morbid with other forms of maltreatment, for example physical and emotional abuse, in children, it results in marked levels of behaviour disorder and emotional distress (Bagley & Mallick, 2000).

### ***Sense of self***

There seems to be contrasting reports on the effects of sexual abuse on self-esteem. In De Francis's (1969, as cited in Browne & Finkelhor, 1986) study, 58% of participants indicated feelings of lack of worth. However, Tufts's, (1984, in Browne & Finkelhor, 1986) study, found there was no significant difference in self-esteem between sexually abused children and the normal population. According to Hartman and Burgess (1989), confirming the negative self-concept has been more elusive in previous studies. Again, this is partially due to the methods used by investigators to measure a victim's self-esteem. Although negative self concepts were reported by Courtois (1980) and by Herman (1981), Fromuth (1983) found no relationship between negative self-esteem and childhood sexual assault.

### ***5.4.2. Relationship between Gender of Survivor and Psychological Adjustment Problems***

The results of the study indicate that abused boys are more likely to have severe anti-social behaviour problems. The fact that a much larger number of sexually abused girls than expected did not indicate anti-social problems suggests that abuse of girls does not have an impact that is reflected in externalised behaviours (Bergen *et al.*, 2004).

Finkelhor (1994) suggests there are more similarities than differences in the impact of sexual abuse on males and females. However, there seems to be an absence of studies indicating consistent differences in psychological adjustment between abused girls and boys. Although the study focused on suicidal ideation and alcohol abuse, Luster and Small (1997) found the relationship between sexual abuse and psychological problems in adolescence was similar for both genders. The current study applies to a developing

world context and so may also suggest the gender stereotypes and the high incidence of gender-based violence in a patriarchal society.

#### ***5.4.3. Relationship between Forms of Sexual Abuse and Psychological Adjustment Problems***

The results seem to indicate that different forms of abuse do not necessarily result in different negative impacts. The majority, 89.6% (n= 69) of participants who reported contact sexual abuse, indicated normal levels on the general psychological adjustment scale of the RAASI. Furthermore, 23 (85.2%) participants who reported non-contact sexual abuse fell within the normal range of general psychological adjustment. Normal adjustment is also indicated in 21 (91.3%) participants who reported a combination of contact and non-contact sexual abuse. None of the participants who reported either contact or non-contact forms of abuse indicated severe general psychological adjustment difficulties. This result seems to confirm some of the existing literature on effects of types of sexual abuse. For example, in a study of adult women, Russell (1983) found that 59% of women who reported contact sexual abuse (including completed or attempted intercourse, oral sex) reported extreme traumatisation compared with 58% who reported non-contact abuse (touching, kissing).

#### ***5.4.4. Relationship between Characteristics of Sexual Abuse and Psychological Adjustment***

Friedrich, Urquiza, and Beilke (1986) found a relationship between characteristics of sexual abuse and behaviour changes in sexually abused children. They suggest that a combination of any of the following is likely to increase the severity of the psychological problems in children: severe abuse (defined according to a severity score developed by the researchers), close victim-perpetrator relationship, long duration, more than one episode of abuse and more than one perpetrator (Ibid).

#### ***5.4.4.1. Age at time of abuse and psychological adjustment***

The Chi-Square test results for the relationship between age at the time of abuse and general psychological adjustment at adolescence indicates a statistically significant relationship (AdjT:  $p = .031$ , ED:  $p = .005$ , and PS:  $p = .001$ ), suggesting that the younger the child is at the time of abuse, the more likely it is that there will be negative impacts in terms of general psychological adjustment. However, no statistically significant association is indicated between the subscales for anti-social behaviour and anger control problems and age at time of abuse.

#### ***5.4.4.2. Age of perpetrator and psychological adjustment***

The results indicate that the age of the perpetrator has no influence on the survivor's psychological adjustment. However, Browne and Finkelhor (1986) suggest that survivors abused by adolescent perpetrators indicate less psychological problems. As mentioned in other sections of this discussion, the majority of perpetrators in the current study were adolescents.

#### ***5.4.4.3. Survivor-perpetrator relationship and psychological adjustment***

The current study found that adolescents abused by step-parents indicated significant emotional distress compared to those abused by other perpetrators, including natural fathers. This result confirms the study done by Tufts (1984, cited in Browne & Finkelhor, 1986), which found elevated levels of psychological distress among survivors abused by stepfathers compared to those abused by other perpetrators, including biological fathers. However this finding was only partially confirmed by Finkelhor (1979) who reported greater trauma in survivors abused by fathers or father figures, including stepfathers.

Browne and Finkelhor (1986) draw attention to two factors related to offender relationship and psychological adjustment. Firstly, the relevance of the survivor-

perpetrator relationship mainly relates to the feelings of betrayal. Feelings of betrayal are linked to the existence of a relationship of trust. Secondly, abuse by a stranger or distant person could be accompanied by other variables, for example, fear. Therefore, survivors abused by a trusted relative and those abused by a stranger in the presence of fear, may indicate similarly elevated negative psychological effects. In agreement, Killian and Bobat (1987, as cited in Killian & Brakarsh, 2004) suggest that repeated abuse coupled with feelings of betrayal increases negative impacts on the child. From findings in their study, Parker and Parker (1991) conclude that warm family support may eradicate long-term negative impacts. Participants in the study maintained that they received good treatment from their fathers, despite the father being the perpetrator/even when the father was the abuser. The father was still perceived in a largely positive manner.

#### ***5.4.4.4. Gender of perpetrator and psychological adjustment***

The current study found no relationship between gender of perpetrators and survivors' psychological adjustment. The gender profile of the perpetrators in this study demonstrated a 60:65 ratio of male to female perpetrators, which is in line with other studies, as discussed in section 5.3.2.4. Although gender of the perpetrator has been identified as an important aspect in understanding effects of sexual abuse, much of the literature on the impacts of child sexual abuse has focused on female survivors and male offenders (Luster & Small, 1997).

#### ***5.4.4.5. Use of threat, force or violence and psychological adjustment***

The study found no statistical association between use of force or threat and psychological adjustment in adolescents. Similarly, in the review done by Browne and Finkelhor (1986), studies indicated no relationship between use of force and violence and survivor adjustment. However, results from a study done by Burgess *et al.* (1984) indicate a relationship between use of force/violence and maladjustment in survivors. Hartman and Burgess (1989) attribute the seeming contradictions on the effects of force and violence on survivor maladjustment to two issues. These are definitional issues of

the variables force, violence and aggression as well as impact measurement tools employed. In this study the most likely factor that has influenced this unpredictable finding is the measure used in that the RAASI has probably lacked discriminative powers in the current subsample.

#### ***5.4.4.6. Disclosure and psychological adjustment***

There are no differences in psychological adjustment between those who disclosed the abuse and those who did not. However, the results indicate an association between time of disclosure of sexual abuse and sense of positive self. The results indicate a statistically significant association between time of disclosure and sense of positive self ( $p = .013$ ). This suggests that participants who kept the sexual abuse secret and disclosed much later are likely to experience more problems with maintaining a sense of positive self at adolescence.

Conversely, the Tufts study (1984) suggests that survivors who take their time before disclosing the abuse experience less psychological problems at adolescence (Hartman & Burgess, 1989). Wyatt and Newcomb (1990), however, concluded that when a survivor is able to disclose to a non-blaming and supportive person, the burden of guilt is lifted. Also, the inability to disclose in girls could increase their chances of revictimisation and thus the greater likelihood of long-term negative effects into adulthood (Wyatt, Newcomb, & Riederle, 1993). Revictimisation may render an individual powerless and helpless in abusive situations with consequent repeated victimisation throughout life. This underscores the need for prompt and effective secondary prevention strategies for survivors.

Hartman and Burgess (1989) point out the possible role of perceived social meanings ascribed to disclosure, and reactions of individuals around the child in determining maladjustment. They suggest that how others react to the disclosure and how well the child is able to manage these reactions may enhance maladjustment.

#### ***5.4.4.7. Frequency of abuse and psychological adjustment***

The current study found that 2.2% of participants reporting once-off abuse experience and 3.2% of participants reporting multiple abuse experiences showed moderate levels of psychological problems. There are contradictory reports on the relationship between frequency and duration of sexual abuse and psychological problems. The two available studies focusing on children are conflicting, with Friedrich *et al.* (1986, as cited in Browne & Finkelhor, 1986) confirming psychological disturbances and Tufts (1984) (Ibid) finding no relationship between duration of abuse and psychological distress. There is clearly a need for well-defined research methods to elucidate the effects of frequency and duration of sexual abuse. Other research (Moeller, Bachman & Moeller, 1993; Luster & Small, 1997) found that adults who experienced multiple types of abuse, for example physical and emotional abuse, indicated greater risk for psychological problems than those exposed to only one form of abuse. Frequent sexual abuse in girls is significantly linked to identity problems in adolescence (Krahe, 2000; Gomes-Schwartz *et al.*, 1990).

#### ***5.4.5. Association between Help-seeking Behaviour and Psychological Adjustment***

##### ***Access to legal help***

The findings suggest that the psychological adjustment of sexually abused adolescents could be negatively impacted by the interface with police. Participants who reported sexual abuse to the police show higher levels of problems on the anti-social behaviour subscale than those who had not reported to the police at all. These findings compare to the results of Oates and Tong's (1987) study which found that children indicated high levels of distress following court appearances about sexual abuse. Burton (2005) ascribes the emotional distress from dealings with the legal system to the over-stretched and burdened nature of the legal system.

## **6. Major Findings from the Current Study in relation to the Literature**

The current study confirms reports in existing literature regarding the high prevalence rate of child sexual abuse in South Africa. The risk of being sexually abused extends not only to female children but, to a large extent, the male child may face similar risks of being sexually molested. While the findings may not indicate that the sexual abuse originated at schools, the results indicate that adolescents were mainly abused by other adolescents. Despite the findings of a high prevalence rate in the current study, under-reporting of child sexual abuse was a problem. More than 70% of the abuse cases were not reported to the police. It is evident from the results as presented in Chapter 4 that there was a significant association between gender, age abused, being abused by step-parent, disclosing later and interface with police in relation to psychological adjustment problems.

## **7. Limitations of the Current Study**

Despite assurances of anonymity, anxiety about the abuse experience may have inhibited honest responses in some participants. This is evidenced by the results on the analysis of association of child sexual abuse and psychological adjustment. A substantial number of participants who did not report sexual abuse indicated significantly high levels of psychological adjustment problems, compared to those who reported abuse in the current study. According to Finkelhor (1994), the stigmatic effects of child sexual abuse may cause child sexual abuse survivors to give biased responses.

The use of an English version of the RAASI, and only translating the complicated phrases, was necessitated to preserve the integrity of the instrument. While every attempt was made on the part of the researcher to give clear explanations of the terms in IsiZulu, there are possibilities that some nuances and subtleties inherent in languages may have been lost in the translation. This would have interfered with participants' understanding of certain parts of the questionnaire, possibly contaminating responses.



The use of quantitative methods is prone to draw criticism. In the case of the current study, lack of information pertaining to pre-abuse psychological state of participants, as well as exclusion of family background variables in relation to sexual abuse outcomes may have resulted in weak causal inferences (Collings, 1994).

The severity of negative effects of child sexual abuse differs between survivors depending on co-morbidity with other types of abuse (Luster & Small, 1997). Due to the size of the current study, there were no controls for effects of other factors, for example physical abuse or emotional abuse in the current study.

The single greatest shortcoming of this study may have been confining the analysis to the Chi Square and not doing second and third level analysis for associations of child sexual abuse and psychological problems. Although the current analysis used yielded detailed results on the phenomenon, more in-depth analysis may have yielded more significant associations. This was due to the exploratory nature of the study and time factor.

Limited literature on the effects of child sexual abuse at the adolescent phase of development, particularly among South African adolescents was a major limitation. The best available literature used was mostly done in other countries, with varying contexts.

Finally, the absence of randomisation, despite the reasonable size of the sample makes generalisation of the findings difficult. Therefore, further studies using a more representative sample are clearly required before accurate conclusions are drawn on the prevalence rates of child sexual abuse among the general population of black South African adolescents.

## **8. Suggestions for Further Research**

Further research is needed to examine more closely the effects of child sexual abuse at the adolescent phase of development, especially taking into consideration the findings of significant associations between CSA variables (age abused, relationship to perpetrator,

interface with police, delayed disclosure) and psychological adjustment. Child sexual abuse is pervasive in our society and the findings of the current study seem to confirm this. This would suggest that more research is needed in South Africa, particularly in view of the paucity of studies focusing on adolescents.

Findings of the current study confirm the widespread existence of child-on-child sexual abuse. A study focusing on locations of sexual abuse perpetrated by children may shed light on the phenomenon and help in the development of effective preventative strategies.

Current findings indicate that females are increasingly taking an active role in sexual abuse of children. There is a need for more research focusing on both genders in order to shed light on the issue of female abusers and thereby inform better understanding of this problem.

## CHAPTER 6

### CONCLUSIONS

The traumatic effects of child sexual abuse are undeniable. Whilst literature abounds with research and evidence of the devastating consequences of child sexual abuse on adult survivors, there has been little research done on the phenomenon in South Africa, among adolescents. The majority of the currently available studies have mainly focused on university students, falling short in terms of generalisability to the general population.

The socio-economic and cultural factors (for example, subjugation of women and children, violence, unemployment, poverty and high prevalence rates of HIV/AIDS) have contributed to sexual crimes against children and therefore require serious consideration in terms of understanding the phenomenon and strategies for prevention and intervention. South African history informs us that societies most affected by socio-economic ills would be those who were previously denied political and economic powers. To date, there has been minimal research into the prevalence and effects of child sexual abuse among black children, who historically have formed the masses of those bearing the brunt of the country's socio-economic ills.

The role of the broader context in both the vulnerability and moderating factors of sexual abuse effects is critical in understanding child sexual abuse. The ecological theoretical orientation was utilised in this study to emphasise the importance of the co-influential relationship existing between the individual and the environment, and the effect that this has on explaining and understanding the phenomenon of child sexual abuse.

The current study proposed to establish the prevalence rate of child sexual abuse among black South African adolescents and to explore the effects of child sexual abuse on psychological adjustment at the adolescent phase of development. The study was interested in the nature, characteristics and impact of abuse on adolescent survivors.

Three hundred and thirty learners from two high schools situated in the peri-urban regions of KwaZulu-Natal participated in the classroom survey. One of the high schools was a boarding school, drawing learners from rural, urban, and peri-urban areas. The sample included both male and female learners. Participants were requested to complete a questionnaire during school hours in the presence of the researcher.

The findings of the current study provided a picture of the forms and characteristics of child sexual abuse experienced by black South African adolescents that is not too different from previous local studies. Most importantly, the study confirmed the high prevalence rate of child sexual abuse in South Africa. Overall, the statistically significant findings on the relationship between child sexual abuse and psychological adjustment were found in relation to the following factors: gender of survivor; age at which the child was abused; being abused by step-parent; disclosing the abuse later as opposed to immediately; and interface with police in the aftermath of abuse. Furthermore, the findings on the relationship between sexual abuse and general psychological adjustment indicated that participants who had not reported an abuse experience were having more adjustment problems compared to those who reported abuse. This indicated that some participants may not have reported the abuse leading to a possibility that the prevalence rate may be higher than reported in the current study. This serves to confirm the culture of non-reporting which is prevalent in South Africa.

In conclusion, the current study has attempted to make a contribution to the body of research on child sexual abuse in South Africa. Whilst not specifically reported on, the possibly elevated vulnerability of children from historically under-resourced backgrounds may predispose such adolescents to greater psychological adjustment problems. This is in addition to the increasing culture of child-on-child sexual abuse and general violence against women and children. It is hoped therefore, that this research has highlighted the need for further research on CSA abuse experiences among historically disadvantaged children, which can contribute towards more effective and well-informed prevention and intervention strategies.

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## Appendix: A

### RESEARCH QUESTIONNAIRE

#### SECTION A

You are not required to put your name on this questionnaire so that the information provided will be kept confidential. Should you however feel a need to discuss any aspect of this research or your responses, please feel free to contact the researcher after completion of the questionnaire. The following questions relate to your present and past life circumstances (**PUT A CROSS IN THE MOST APPROPRIATE BLOCK**)

1. Age : .....

2. Grade : .....

3. Race ☐ Black ☐ White ☐ Asian ☐ Coloured

4. Gender ☐ Male  
☐ Female

5. Currently living with

- ☐ Both biological parents
- ☐ Only mother
- ☐ Only father
- ☐ Adoptive parents
- ☐ Foster parents
- ☐ Grandparent/s
- ☐ Siblings only
- ☐ Children's home
- Other

(Please specify)

## SECTION B

It is now generally known that many young people have sexual experiences as adolescents and while they are growing up. Some of these experiences may have happened without your consent or willingness. We would like you to try to remember the sexual experience that you had while growing up. In answering please remember that there is no way that you can be identified from your responses.

1. Please indicate if and at what age/s you have had any of the following experiences **PUT A CROSS IN MOST APPROPRIATE BLOCK/S**

	Before 5 yrs of age	Before 7yrs of age	Before 12 yrs of age	After 12yrs of age	Never
(a) Someone touching you, grabbing you or kissing you in a way that you felt was sexual (with or without your consent or willingness)					
(b) Someone trying or succeeding in touching your breasts or genitals ( <b>penis/vagina</b> ) in a sexual way (with or without your consent or willingness)					
(c) Someone trying or succeeding in making you touch their genitals ( <b>penis/vagina</b> ) (with or without your consent or willingness)					
(d) Someone touching your genitals ( <b>penis/vagina</b> ) with their mouth (with or without your consent or willingness)					
(e) Someone making you touch their genitals ( <b>penis/vagina</b> ) with your mouth (with or without your consent or willingness)					
(f) Someone attempting to have sexual intercourse or anal sex with you (i.e. without penetration taking place) with or without your consent or willingness.					
(g) Someone having sexual intercourse or anal sex with you (involving penetration) with or without your consent or willingness.					

2. If you have had any of the following experiences indicate at what age/s **PUT A CROSS IN THE MOST APPROPRIATE BLOCK/S**

	Before 5 yrs of age	Before 7yrs of age	Before 12 yrs of age	After 12yrs of age	Never
(a) Having an unwanted sexual experience with a person of the opposite sex					
(b) Having an unwanted sexual experience with a person of the same sex					
(c) Being the victim of rape or attempted rape					
(d) Having any kind of unwanted sexual experience with someone who had authority over you (e.g. a doctor, teacher, employer, therapist, policeman, pastor, sangoma, umthandazi, or much older person)					
(e) Having any kind of unwanted sexual contact with someone related to you by blood (e.g. uncle, aunt, cousin, brother, father, grandfather, or female relative)					
(f) Having any kind of unwanted sexual contact with someone closely related to you (e.g. step-parent, step- brother, step-sister, in-law)					
(g) Having any kind of unwanted sexual contact with a stranger					
(h) Narrowly missing being sexually assaulted					
(i) Being in a situation where there was violence or threat of violence in which you were also afraid of being sexually or physically assaulted					
(j) Being asked to do any sexual act for something in return (e.g. food, clothing, money, favours, other goods) whereby you refused					
(k) Being asked and agreeing to do any sexual act for something in return (food, clothing, money, favours, other goods)					
(l) Being asked by someone older than you to watch pornographic movies/videos/magazines					

If you checked one or more of the experiences listed on the previous 2 pages, select one that stands out or was most upsetting for you and answer the following questions about the FIRST time you had that experience. If you checked all of them as “never”, check the boxes for “does not apply”.

With regard to the experience that was most upsetting:

- |    |                          |  |                          |                |
|----|--------------------------|--|--------------------------|----------------|
| 3. | <input type="checkbox"/> | About how old were you when the experience occurred?                                 | <input type="checkbox"/> | Does not apply |
| 4. | <input type="checkbox"/> | About how old was the other person?  | <input type="checkbox"/> | Does not apply |
| 5. | <input type="checkbox"/> | About how many times did you have a sexual experience with this person?              | <input type="checkbox"/> | Does not apply |
| 6. | <input type="checkbox"/> | Over how long a time did this go on for (indicate number of days, months, or years)? | <input type="checkbox"/> | Does not apply |

7. Is this most upsetting experience still taking place?

- |    |                          |     |    |                          |    |    |                          |                |
|----|--------------------------|-----|----|--------------------------|----|----|--------------------------|----------------|
| 1. | <input type="checkbox"/> | Yes | 2. | <input type="checkbox"/> | No | 3. | <input type="checkbox"/> | Does not apply |
|----|--------------------------|-----|----|--------------------------|----|----|--------------------------|----------------|

8. Would you like to talk to somebody about it? **(NOTE: Telephone number provided at the end of the questionnaire should you wish to talk to somebody)**

- |    |                          |     |    |                          |    |    |                          |                |
|----|--------------------------|-----|----|--------------------------|----|----|--------------------------|----------------|
| 1. | <input type="checkbox"/> | Yes | 2. | <input type="checkbox"/> | No | 3. | <input type="checkbox"/> | Does not apply |
|----|--------------------------|-----|----|--------------------------|----|----|--------------------------|----------------|

9. Which of the following best describes the most upsetting experience?

1. ☐ Sexual or anal intercourse
2. ☐ Attempted sexual or anal intercourse
3. ☐ Someone touching your genitals with their mouth
4. ☐ You touching someone else's genitals with your mouth
5. ☐ Someone touching your genitals with their hand
6. ☐ You touching someone else's genitals with your hand
7. ☐ Someone touching your unclothed breast
8. ☐ Someone touching, kissing or hugging you in a sexual way
9. ☐ Most of the above
10. ☐ Does not apply
11.  Other (please indicate)

10. Who was the other person in this most upsetting experience?

- |  |  |
|--|--|
| 1. <input type="checkbox"/> A stranger                 | 6. <input type="checkbox"/> A step-parent        |
| 2. <input type="checkbox"/> A friend of yours          | 7. <input type="checkbox"/> Uncle or aunt        |
| 3. <input type="checkbox"/> Your parent's friend       | 8. <input type="checkbox"/> A cousin             |
| 4. <input type="checkbox"/> An older brother or sister | 9. <input type="checkbox"/> Does not apply       |
| 5. <input type="checkbox"/> Father or mother           | 10. <input type="text"/> Other (please indicate) |

11. Was the other person in this most upsetting experience male or female?

- |                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| 1. <input type="checkbox"/> Male | 2. <input type="checkbox"/> Female | 3. <input type="checkbox"/> Does not apply |
|----------------------------------|------------------------------------|--|

12. To what extent did the other person in the most upsetting experience use threats, force or violence?

- |                             |                                      |                             |  |
|-----------------------------|--------------------------------------|-----------------------------|--|
| 1. <input type="checkbox"/> | Verbal threat                        | 5. <input type="checkbox"/> | Pushed or held you down                      |
| 2. <input type="checkbox"/> | Verbal threat of bodily harm         | 6. <input type="checkbox"/> | Beat, punched, kicked, slapped or choked you |
| 3. <input type="checkbox"/> | Extreme verbal threat of bodily harm | 7. <input type="checkbox"/> | Physical force                               |
| 4. <input type="checkbox"/> | No threat, force or violence         | 8. <input type="checkbox"/> | Does not apply                               |

13. Did you feel you did not want to have the experience but felt you had to?

- |                             |               |                             |                |
|-----------------------------|---------------|-----------------------------|----------------|
| 1. <input type="checkbox"/> | A little      | 4. <input type="checkbox"/> | Extremely      |
| 2. <input type="checkbox"/> | A fair amount | 5. <input type="checkbox"/> | Does not apply |
| 3. <input type="checkbox"/> | Quite a lot   |                             |                |

14. At the time, did you feel that you were in any way responsible, or to blame, for what happened?

- |                             |               |                             |                |
|-----------------------------|---------------|-----------------------------|----------------|
| 1. <input type="checkbox"/> | Not at all    | 4. <input type="checkbox"/> | Quite a lot    |
| 2. <input type="checkbox"/> | A little      | 5. <input type="checkbox"/> | Very much so   |
| 3. <input type="checkbox"/> | A fair amount | 6. <input type="checkbox"/> | Does not apply |

15. At the time did you want the experience to take place?

- |                             |               |                             |                |
|-----------------------------|---------------|-----------------------------|----------------|
| 1. <input type="checkbox"/> | Not at all    | 4. <input type="checkbox"/> | Quite a lot    |
| 2. <input type="checkbox"/> | A little      | 5. <input type="checkbox"/> | Very much so   |
| 3. <input type="checkbox"/> | A fair amount | 6. <input type="checkbox"/> | Does not apply |

16. Do you believe that there was anything you could have said or done that could have prevented what happened?

- |                             |               |                             |                |
|-----------------------------|---------------|-----------------------------|----------------|
| 1. <input type="checkbox"/> | Not at all    | 4. <input type="checkbox"/> | Quite a lot    |
| 2. <input type="checkbox"/> | A little      | 5. <input type="checkbox"/> | Very much so   |
| 3. <input type="checkbox"/> | A fair amount | 6. <input type="checkbox"/> | Does not apply |

17. At the time, did you feel that the other person had let you down, or betrayed your trust in some way?

- |                             |               |                             |                |
|-----------------------------|---------------|-----------------------------|----------------|
| 1. <input type="checkbox"/> | Not at all    | 4. <input type="checkbox"/> | Quite a lot    |
| 2. <input type="checkbox"/> | A little      | 5. <input type="checkbox"/> | Very much so   |
| 3. <input type="checkbox"/> | A fair amount | 6. <input type="checkbox"/> | Does not apply |

18. At the time, did you feel angry at being used or abused in this manner?

1. ☐ Not at all  
2. ☐ A little  
3. ☐ A fair amount  
4. ☐ Quite a lot

4. ☐ Quite a lot  
5. ☐ Very much so  
6. ☐ Does not apply

19. Who did you tell about this experience (put a cross in as many blocks as apply)

1. ☐ No one  
2. ☐ A parent/guardian  
3. ☐ A friend  
4. ☐ A brother or sister

5. ☐ Does not apply

6. ☐ Other (Please indicate)

20. When did you tell someone else about the experience?

1. ☐ Never told  
2. ☐ On the same day  
3. ☐ Days later  
4. ☐ Weeks later

5. ☐ Months later  
6. ☐ Years later

7. ☐ Does not apply

21. How supportive were the people that you told about the experience

1. ☐ Not at all  
2. ☐ A little  
3. ☐ A fair amount

4. ☐ Quite a lot  
5. ☐ Extremely  
6. ☐ Does not apply

22. If you told no one, can you indicate the main reason for keeping it to yourself?

1. ☐ Feeling scared  
2. ☐ Not being believed

3. ☐ Does not apply

4. ☐ Other (Please specify)

23. If you did not tell anybody about the experience, who would have been the best person to tell?

1. ☐ Parent  
2. ☐ Friend  
3. ☐ Pastor

4. ☐ Teacher  
5. ☐ Grandparent/Aunt  
6. ☐ Does not apply

7. ☐ Other (Please specify)



24. How much would it have helped to tell that person?

1. ☐ A little
2. ☐ A fair amount
3. ☐ Quite a lot
4. ☐ Extremely
5. ☐ Does not apply

25. To Whom would you have liked to have the experience reported to?

1. ☐ Report to community leaders
2. ☐ Report to police
3. ☐ Report to Social Workers
4. ☐ Does not apply

5.  Other (Please specify)

26. What would you have regarded as appropriate punishment to the person who subjected to the most upsetting experience.

1. ☐ Compensation to your family
2. ☐ Jail sentence
3. ☐ Does not apply

4.  Other (Please specify)

27. To what extent were the police or courts involved as a result of the experience (put a cross in as many blocks as apply)

1. ☐ The experience was not reported to the police
2. ☐ Police were informed but no charge was laid
3. ☐ Police laid a criminal charge
4. ☐ The other person was not found guilty in court
5. ☐ The other person found guilty in court
6. ☐ Does not apply

28. Did you receive any professional counselling or psychotherapy following the experience?

1. ☐ Yes

3. ☐ Give approximate number of times

2. ☐ No

4. ☐ Does not apply

29. Did you receive any other kind of help after the experience besides counselling or psychotherapy?

1. ☐ Yes

2. ☐ No

3. ☐ Does not apply

30. From whom did you receive other kind of help after the experience?

1. ☐ Teacher

2. ☐ Church

3. ☐ Peer

4. ☐ Does not apply

5.  other (Please indicate)

31. At the time, how upset were you by what happened

1. ☐ Not at all

2. ☐ A little

3. ☐ A fair amount

4. ☐ Quite a lot

5. ☐ Extremely

6. ☐ Does not apply

32. If I had sex without a condom I will be comfortable telling my friend.

1. ☐ Definitely not true

2. ☐ Not true

3. ☐ Partly true

4. ☐ Certainly true

33. My friends talk a lot about the need to abstain or practice "safe" sex i.e. use a condom.

1. ☐ Definitely not true

2. ☐ Not true

3. ☐ Partly true

4. ☐ Certainly true

34. If a friend knew I had sex on a date, he/she wouldn't care if I had used a condom or not.

- 1. ☐ Definitely not true
- 2. ☐ Not true
- 3. ☐ Partly true
- 4. ☐ Certainly true

35. If I think that one of my friends may be tempted to have sex on a date, I would encourage them to abstain or use a condom.

- 1. ☐ Definitely not true
- 2. ☐ Not true
- 3. ☐ Partly true
- 4. ☐ Certainly true

36. The following questions are about the types of problems that people sometimes have. (RAASI) The statements describe how people feel about themselves, others, and the world around them. The statements ask about how you have been feeling **for the past 6 months**. When answering the statements please be sure to keep the **6-month time period** in mind. To answer each statement put a cross in the box that indicates your answer.

<b>In the past 6 months.....</b>	<b>Never or almost never</b>	<b>Sometimes</b>	<b>Nearly all the time</b>
1. I felt that everything was OK in my life.			
2. I argued with my teachers or parents.			
3. I used drugs or alcohol.			
4. I enjoyed getting together with my friends or family.			
5. I lost my temper.			
6. I felt good about myself.			
7. I argued with adults.			
8. I did what adults asked me to do.			
9. I did things to bother other people.			
10. If someone told me to do something I did the opposite.			
11. I felt very angry.			
12. I felt like getting back at others.			
13. I broke the rules at home or at school.			
14. At night, I stayed out later than I was allowed.			
15. I got so mad that I threw things at home or at school.			
16. I felt comfortable meeting new people.			
17. I did things that were against the law.			
18. I was very lonely.			
19. I had fun with friends.			
20. I felt very tense.			
21. I got into trouble at school or at work.			
22. I felt nervous.			
23. I felt depressed or sad.			
24. I stayed away from home without telling my parents where I was.			
25. I did not study or hand in my homework.			
26. I worried about a lot of things.			
27. I worried a lot about the future.			
28. I had trouble falling asleep.			
29. I felt upset.			
30. I had trouble concentrating.			
31. I felt like crying for no reason.			
32. I did something I knew was bad.			

You have completed the questionnaire. Thank you for your cooperation. Please be assured that all responses will be treated in the strictest of confidence.

If the questionnaire has raised issues in your mind that you may want to discuss further, please feel free to contact the researcher at any time to discuss these issues. Telephone No: ....

## Appendix: B

### CONSENT FORM TO BE SIGNED BY CAREGIVERS

I, (write in parent's /caregiver's name).....  
being the legal guardian or adult primary caregiver responsible for the care and well-  
being of (write child's name)

.....  
Whose date of birth is (write in child's birth date).....  
hereby give my consent for (write in name child is usually called)

- .....
- To participate in the research being conducted by Dr Bev Killian and Ms Mary Mkhize
  - The research will take the form of the student being requested to complete a questionnaire
  - The questionnaire will be completed during normal school hours.
- \* I understand that the child's identity will not be disclosed to anyone outside of the research process and that any information given by him or her will be dealt with professionally, ethically and with utmost discretion.

Signed.....Date.....

Witness.....Date.....

Please note that in the absence of a response to this request, we will assume that you have granted your consent.

Contact person **Ms Mary Mkhize**,

## Appendix: C

### ASSENT FORM TO BE SIGNED BY LEARNERS

I, (write in you name).....

- Understand that the questions I will answer in the research questionnaire are designed to help children think and talk about their life experiences and feelings. I understand that some of the questions may be difficult to answer and that at no time will I have to talk to another person about my response.
- I understand that I can decide to leave any question unanswered, if it seems too personal and difficult to answer at this time.
- I also understand that everything I write in the questionnaire will be private and all information shared will be kept private.
- I understand that the questionnaire answering session will take 45 minutes during normal school hours.

Signed:.....Date.....

Witness:.....Date.....

## Appendix: D

### ISIZULU CONSENT LETTER FOR PARENTS/CAREGIVERS INCWADI YEMVUME EVELA KUMZALI/UMBHEKELELI

Mina, (bhala igama lomzali/umbhekeleli).....  
engiwumphathi ngokomthetho noma umbhekeleli ka (bhala igama lengane)

.....  
Osuku lwakhe lokuzalwa (bhala usuku lwengane lokuzalwa).....  
Nginika imvume ukuba u (bhala igama elijwayelekile lengane)

.....  
\* Angabamba iqhaza kulolohlaziyo oluzobe lwenziwa ngu Dr Bev Killian no Ms Mary Mkhize

\* Uhlaziyo luyokuba ngolukuphendula imibuzo.

\* Uhlelo lokuphendulwa kwemibuzo luyobanjelwa e sikoleni.

\* Ngiyaqonda ukuthi ngeke kwenzeke ukuba ingane egcwalise loluhla lwemibuzo yaziwe kwabangaphathelene naloluhlelo ukuthi ingubani nokuthi konke okubhalwe yingane kuzosetshenziswa ngobuqotho, futhi kugcinwe kuyimfihlo.

Signed.....Usuku.....

Witness.....Usuku.....

Qaphela:

Ukungatholi impendulo mayelana nalessicelo kuyothathwa njengemvume yakho ukuqhubekela phambili nenhlolovo.

**Umuntu okungathinwana naye Ms Mary Mkhize,**

## Appendix: E

### ISIZULU ASSENT LETTER FOR LEARNERS INCWADI YOKUVUMA EVELA KUMFUNDI

Mina (bhala igama lomfundi).....

- \* Ngiyaqonda ukuthi imibuzo engizoyiphendula kuloluhlaziyo isiza izingane ukuba zicabange futhi zikhulume ngezimpilo nalokho okwenzekile ezimpilweni zazo kanye nemizwa yazo.
- \* Ngiyaqonda ukuthi ngingakhetha ukungayiphenduli enye yemibuzo.
- \* Futhi ngiyaqonda ukuthi konke engizokubhala kuzogcinwa kuyimfihlo.
- \* Ngiyaqonda ukuthi isikhathi sokwenza loluhlaziyo kuyokuba imizuzu engu 45, ngesikhathi sesikole.

Signed:.....**Usuku:**.....

Witness:.....**Usuku:**.....



## **Appendix: F**

### **REQUEST TO CONDUCT RESEARCH WITH LEARNERS**

02 October 2006

Dear Learner

I am a Psychology Masters student at the University of KwaZulu Natal in Pietermaritzburg. I write to invite you to take part in a psychology research project that we are doing with grade nine pupils at high schools in the KwaZulu Natal province.

South Africa has a high incident rate of child sexual abuse. Children who survive the trauma of sexual abuse often go through life carrying multiple negative feelings that could hinder their normal development into psychosocially adjusted human beings. The research project is focused on earlier experiences of sexual abuse among learners in the KwaZulu Natal province. As an adolescent learner you would be asked to complete a questionnaire about whether you were abused as a child and the feelings related to that experience. The main aims of the project are to ascertain prevalence of experiences, and assess availability of resources to help learners deal with those situations in their communities. This would help in making decisions about the kinds of help and services that are needed by young people with childhood sexual abuse experiences. You would be requested to answer a series of written questions for approximately 45 minutes during school hours.

All information gathered will be treated in the most confidential manner. You will not be asked to put your name on the questionnaire, that way nobody will know which questionnaire was completed by you. Participation in the research is voluntary and participants are free to withdraw from the study at any stage and for any reason without being disadvantaged in any way. Please indicate your agreement to participate by completing, in full and signing the attached assent form. Please note that as a minor person, consent for your participation will also be requested from your parent/caregiver. Both the learners' and school's details will be kept confidential in the dissemination of study findings.

For any further information, please contact me on....

Yours sincerely,

Mary S. Mkhize

Supervisor: Bev Killian  
(Ph.D.)

## **Appendix: G**

### **REQUEST TO CONDUCT RESEARCH WITH LEARNERS**

02 October 2006

Dear Parent/Caregiver

I am a Psychology Masters student at the University of KwaZulu Natal in Pietermaritzburg. I write to request permission for your child to participate in a psychological research project that we are doing with grade nine pupils at high schools in the KwaZulu Natal province.

South Africa has a high incident rate of child sexual abuse. Children who survive the trauma of sexual abuse often go through life carrying multiple negative feelings that could impede their normal development into psychosocially adjusted human beings. The research project is focused on earlier experiences of sexual abuse among learners in the KwaZulu Natal province. Adolescent learners would be asked to complete a questionnaire about whether they were abused as children and the feelings related to those experiences. The main aims of the project are to ascertain prevalence of experiences, and assess availability of resources to help learners deal with those situations in their communities. This would help in making decisions about the kinds of help and services that are needed by young people with childhood sexual abuse experiences. Learners would be requested to answer a series of written questions for approximately 45 minutes during school hours.

All information gathered will be treated in the most confidential manner. Participation in the research is voluntary and participants are free to withdraw from the study at any stage and for any reason without being disadvantaged in any way. Please indicate your permission by completing, in full and signing the attached consent form. Signed consent forms will be collected from the school by the researcher. Both the learner and school's details will be kept confidential in the dissemination of study findings.

For any further information, please contact me on...

Yours sincerely,

Mary Sbongile Mkhize (Ms)

Supervisor: Bev Killian  
(Ph.D.)

## **Appendix: H**

### **ISIZULU REQUEST LETTER TO CONDUCT RESEARCH WITH LEARNERS**

#### **ISICELO SOKWENZA INHLOVO KUBAFUNDI**

02 October 2006

Sawubona Mzali

Ngingumfundi owenza iziqu ze-Masters emkhakheni we –Psychology eNyuvesi yakwa Zulu Natal eMgungundlovu. Ngibhala lencwadi ukucela imvume yakho yokuthi umntwana wakho abe yingxenye yalenhlovo esiyeza kubafundi bebanga lesikhombisa ezikoleni ezisesifundazweni sakwa Zulu Natal.

INingizimu Afrika inezinga eliphezulu lezingane ezihlukunyezwe ngokocansi. Izingane eziphila nobuhlungu bokuhlukunyezwa ngokocansi zivamise ukuba nemizwa engemihle ngempilo okuye kuthikameze ukukhula kwazo njengabantwana abaphilile ngomqondo. Lenhlovo izobe igxile kakhulu ekuhlukunyezweni kwezingane ikakhulukazi lezo ezingabafundi kusifundazwe sakwa Zulu Natal. Labo asebekhulakhulile bazocelwa ukuba bagcwalise izimpendulo emibuzweni esizobanika yona, ukuze sithole ukuthi bake bahlukunyezwa yini njezingane kanye nemizwa eyalandelwa ukuba sesimweni esinjalo. Inhlosongqanyi yalenhlovo ukuthola ukuthi kwande kangakanani ukuhlukunyezwa ngokocansi kwezingane, kanye nokuhlola ukuthi zikhona yini izikhungo ezisiza abafundi ukubhekana nalesisimo emiphakathini yabo. Sikhulwa ukuthi lokhu kungasiza ekuthatheni izinqumo ngohlobo lwezinsizakalo ezidingwa yizingane ezake zahlukunyezwa ngokocansi.

Abafundi bayocelwa ukuba baphendule imibuzo ebhalwe phansi, lokho kuyothatha imizuzu engamamashumi amane nanhlanu.

Lonke ulwazi oluqoqiwe luyothathwa njengoluyimfihlo enkulu. Ukuzibandakanya nalenhlovo kungokokuzikhethelela futhi abazibandakanyayo banelungelo lokuphuma kuloluhlelo nanoba inini futhi ngeke lokho kubakhubaze nangayiphi indlela. Sicela ukhombise imvume yakho ngokuthi ugqwalise ngokuphelele incwadi yemvume. Izincwadi zemvume zabazali zizolandwa iloyo owenza inhlovo esikoleni. Kokubili, imininingwane yesikole neyengane kuyogcinwa kuyimfihlo uma ulwazi olutholakele selusatshalaliswa.

Uma udinga ulwazi olwengeziwe, ngicela ungithente kulenombolo.....

Ozithobayo

Owengamele inhlovo:

Mary Sibongile Mkhize (Nksz)

Supervisor: Bev Killian  
(Ph.D)

## **Appendix: I**

### **ISIZULU REQUEST LETTER TO LEARNERS ISICELO SOKWENZA UCWANINGO NABAFUNDI**

02 October 2006

Sawubona Mfundi

Ngingumfundi owenza iziqu ze Masters emkhakheni we-Psychology enyuvesi yakwaZulu-Natal eMgungundlovu. Ngibhala lencwadi ukukucela ukuba ube yingxeny yalenhlolovo esiyenza nabafundi bebanga lesikhombisa ezikoleni ezisesifundazweni sakwa Zulu Natal.

Iningizimu Afrika inezinga eliphezulu lezingane ezihlukunyezwe ngokocansi. Izingne eziphila nobuhlungu bokuhlukunyezwa ngokocansi zivamise ukuba nemizwa engemihle ngempilo okayed kuthikameze ukukhula kwazo njengabantwana abaphilile ngomqondo. Lenhlolovo izobe igxile kakhulu ekuhlukunyezweni kwezingane ezisencane ikakhulukazi lezo ezingabafundi kusifundazwe sakwa Zulu Natal. Labo asebekhulakhulile bazocelwa ukuba bagcwalise izimpendulo emibuzweni esizobanika yona , ukuze sithole ukuthi bake bahlukunyezwa yini beseyizingane kanye nemizwa eyalandelwa ukuba sesimweni esinjalo. Lokhu kuyothatha imizuzu engamashumi amane nesihlanu ngesikhathi sesikole. Inhlosonqanyi yalenhlolovo ukuthola ukuthi kwande kangakanani ukuhlukunyezwa ngokocansi kwezingane, kanye nokuhlola ukuthi zikhona yini izikhungo ezisiza abafundi ukubhekana nalesisimo emiphakathini yabo. Sikholwa ukuthi lokhu kungasiza ekuthatheni izinqumo ngohlobo lwezinsizakalo ezidingwa yizingane ezake zahlukunyezwa ngokocansi zisencane.

Konke okuyoshiwo abafundi kuyogcinwa kuyimfihlo. Angeke ubhale igama lakho ephepheni oyophendula kulo imibuzo, lokhu kuyokwenzela ukuba kungazi muntu ukuthi iliphi iphepha elibhalwe nguvena. Angeke uphoqwe ekuthini uthathe iqhaza kulolucwaningo ngaphandle kokuzikhethela wena ukwenze njalo. Futhi ungashintsha umqondo uyeke ukuthatha iqhaza kunanoma yinini uma usuvumile, ngaphandle kokukhishwa inyumbazane. Uyacelwa ukuba ukhombise ukuvuma kwakho ukuba yingxeny yalolucwaningo ngokugcwalisa bese usayinda isivumelwano esinanyatheliswe kulencwadi. Yazi ukuthi njengomuntu osengaphansi komthetho wabazali, imvume yokuba ubambe iqhaza izocelwa nakubazali/ababhekeli bakho. Igama lesikole nelomfundi liyogcinwa liyimfihlo noma sekukhishwa imiphumela yalolucwaningo.

Uma udinga ukucaciselwa kabanzi, ungangithinta kulenombolo....

Ozithobayo,  
Mary Sibongile Mkhize

Supervisor:  
Bev Killian (Ph.D)

## **Appendix: J**

### **REQUEST TO CONDUCT RESEARCH WITH LEARNERS**

16 September 2006

The Principal  
Ms Mzila  
Ngqungqulu High School  
PO Box 487  
Link Hills  
3652

Dear Ms Mzila

I am a Psychology Masters student at the University of KwaZulu Natal in Pietermaritzburg. I write to request permission to conduct a psychological research project with grade nine pupils at your school.

South Africa has a high incident rate of child sexual abuse. Children who survive the trauma of sexual abuse often go through life carrying multiple negative feelings that could impede their normal development into psychosocially adjusted human beings. The research project is focused on earlier experiences of sexual abuse among learners in the KwaZulu Natal province. Adolescent learners would be asked to complete a questionnaire about whether they were abused as children and the feelings related to those experiences. The main aims of the project are to ascertain prevalence of experiences, and assess availability of resources to help learners deal with those situations in their communities. This would help in making decisions about the kinds of help and services that are needed by young people. Learners would be requested to answer a series of written questions for approximately 45 minutes.

All information gathered will be treated in the most confidential manner. Participation in the research is voluntary and participants are free to withdraw from the study at any stage and for any reason without being disadvantaged in any way. Parents will be requested to give consent for learners to participate and learners will be requested to sign assent forms. All the information will be presented in IsiZulu to ensure that parents and learners understand what they would be agreeing to. Both learners' and the school details will be kept confidential in the dissemination of study findings.

I look forward to your response. For any further information, please contact me on...

Yours sincerely,

Mary Sbongile Mkhize (Ms)

Supervisor: Bev Killian (Ph.D.)

## **Appendix: K**

	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact (1-sided)
Pearson Chi-Square	5	.137	.134	
Likelihood Ratio	5	.110	.135	
Fisher's Exact Test			.134	
Linear-by Linear	1	.163		
Association			.175	.091
No of valid cases	330			

Chi-Square test for the association between sexual abuse prevalence and survivors' age

## Appendix: L

	Value	Df	Asymp. Sig. (2-sided)	Exact. Sig (2-sided)	Exact. Sig (1-sided)	Point Probability
Pearson Chi-Square	2.733	2	.255	.268		
Likelihood Ratio	2.729	2	.256	.276		
Fisher's Exact Test	2.723	1	.301	.326	.172	.042
Linear-by-Linear Association	1.071					
N of Valid cases	330					

Chi-Square test for association between child sexual abuse prevalence and risk behaviour